

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

L. E. M. Barber

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1910	Month March	Day 11	Years 70	Months	Days
Sex	male	Color or Race	white			
Occupation	retired Farmer			Where Residing if not at place of death		
Married, Single or Widowed	mamed	Name of Wife or Husband	Elma M. Barber			
Father's Name	Wm Barber			Father's Birthplace	Orl	
Mother's Maiden Name	no information			Mother's Birthplace	not known	
Name of person giving Information	Elma M Barber			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apolley

64

✓

Rudder

Immediate

Exhaust

How long

6 months

Are the name, age, sex, color, date and place correctly given above?

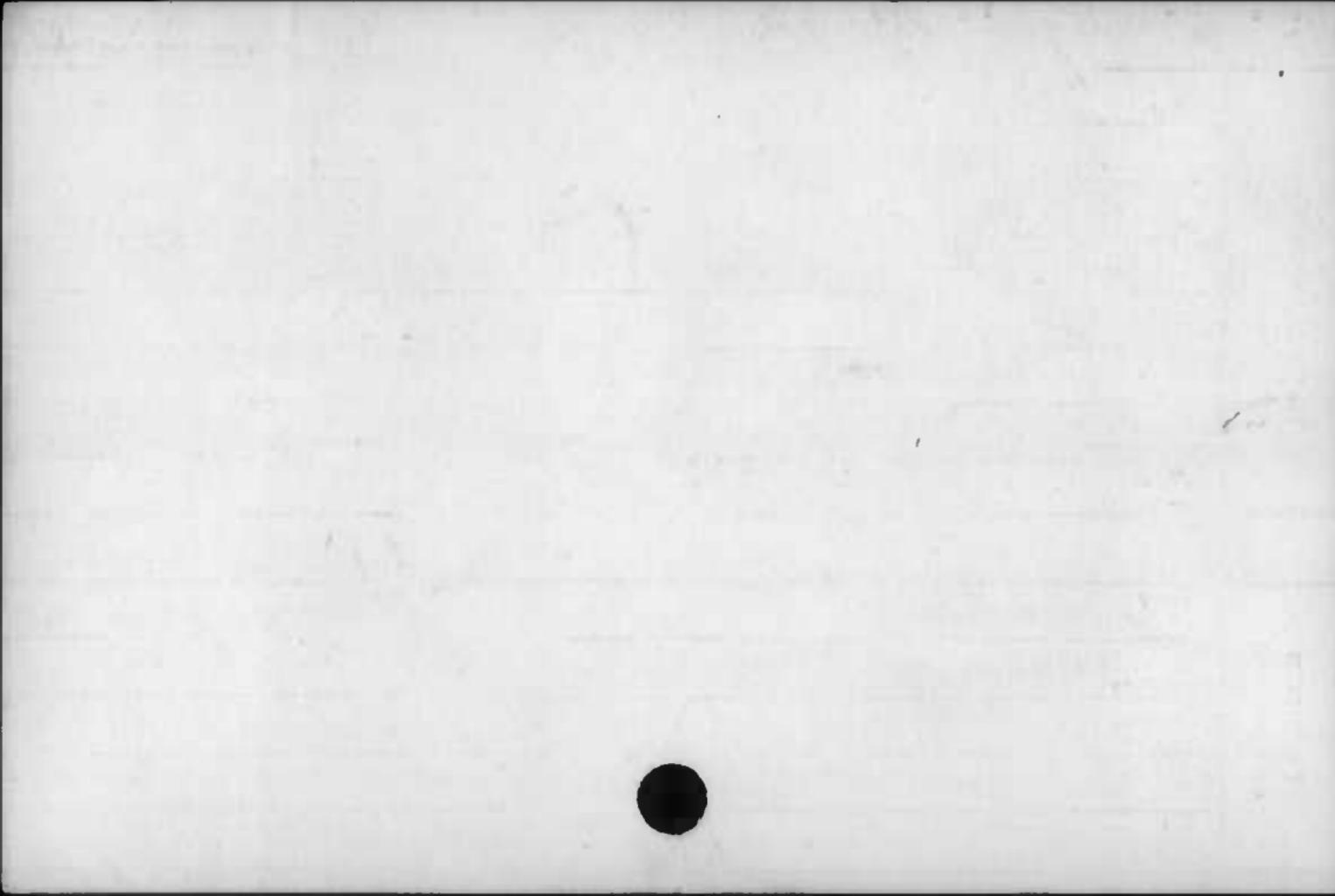
yes

Signature of Physician

Address

Dr. J. Cawley
Elkton, Md

Accident or Suicide?



Name
in
Full

Martie L. Barr.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cecil Mills</u>		Town	County <u>Cecil</u>		MARYLAND	
Date of death <u>190</u> ¹⁶	Month <u>March</u>	Day <u>16</u>	Age <u>79</u>	Years	Months <u>11</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Pennsylvania</u>		<u>Cecil Mills</u>		
Occupation		Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Rachel Barr</u>					
Father's Name <u>David Barr</u>	Father's Birthplace <u>Penna</u>					
Mother's Maiden Name <u>Anna Barr</u>	Mother's Birthplace <u>Penna</u>					
Name of person giving information <u>Mable McCarl</u>	How related to deceased <u>Daughter</u>					

CAUSES OF DEATH

10

How long

One week

How long

24 hours

PHYSICIAN
OR CORONER

Primary

Lagrippe

Signature of Physician
Geo S. Darr

Immediate

Fractured Heart Failure

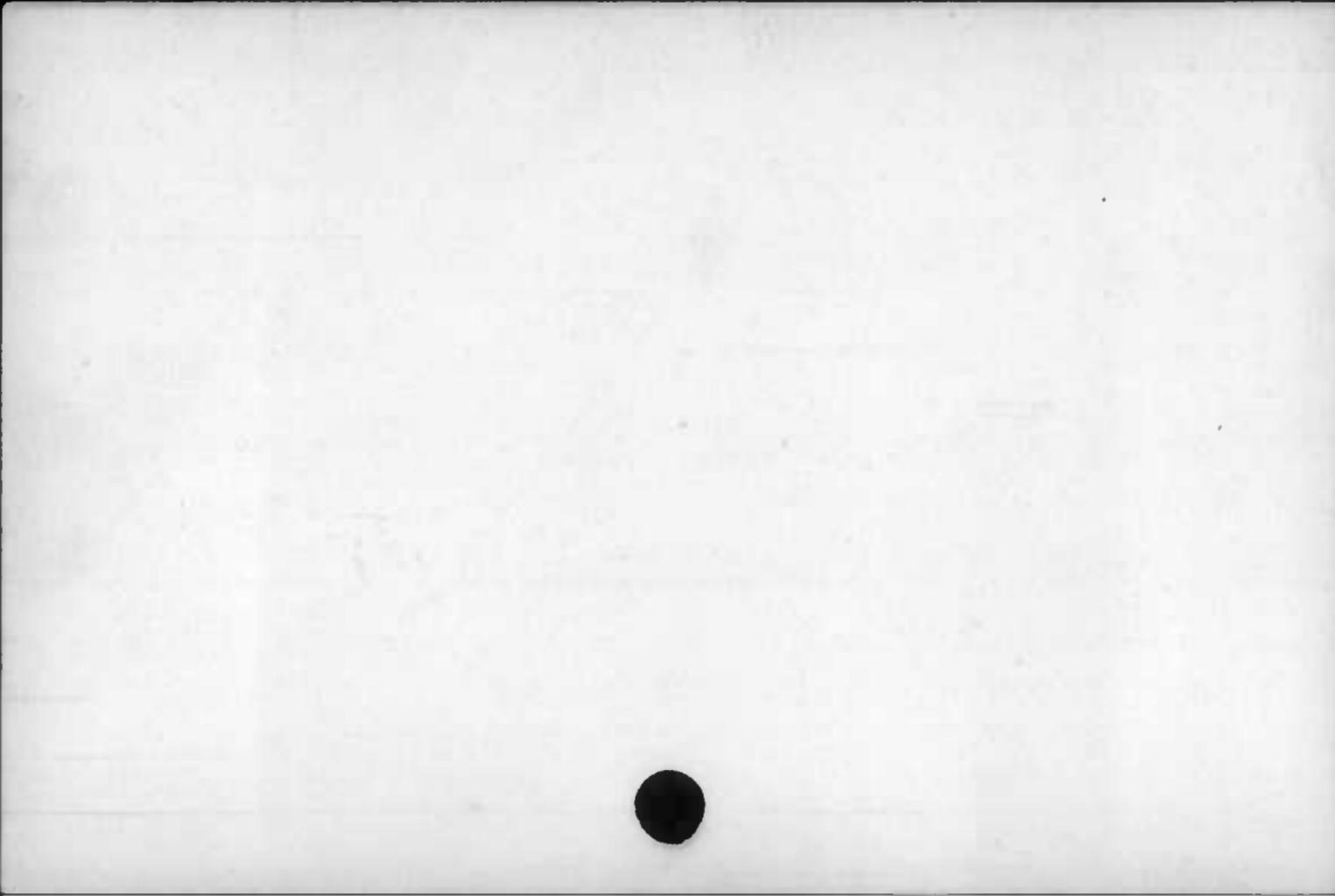
Address

Bethany Beach Md

Are the name, age, sex, color, date and place correctly given above?

Yes

Accident or Suicide?



Name
in
Full

Bertha M. Basford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Perryville		Lees				
Date of death	1910	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	33	
Occupation	Housework			Where Residing if not at place of death	Perryville, Md.	
Married, Single or Widowed	Married	Name of Husband	Thos. S. Basford			
Father's Name	Francis Whitter			Father's Birthplace	Md.	
Mother's Maiden Name	Margaret Whitter			Mother's Birthplace	Md.	
Name of person giving Information	Thos. S. Basford			How related to deceased	Husband	

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Some Time

Immediate

Progressive Cardiac asthma

How long

Short

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

L. G. Taylor, M. D.

Address

Perryville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

✓



Name
in
Full

Caroline L. Becknell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Diad at **Elkton** Town **Cecil** County
Date of death **1964** Month **March** Day **14** Age **74** Years
Sex **Female** Color or Race **white** Birth-place **Del**
Occupation **- None** Where Residing if not
at place of death
Married, Single or Widowed **widow** Name of Wife or Husband **Wm. Becknell**
Father's Name **Samuel P. Fowler** Father's Birthplace **Del**
Mother's Maiden Name **Rebecca A. Titter** Mother's Birthplace **"**
Name of person giving information **Mrs. Louis Mawell** How related to deceased **sister**

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

3 weeks

Immediate

Heart failure

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

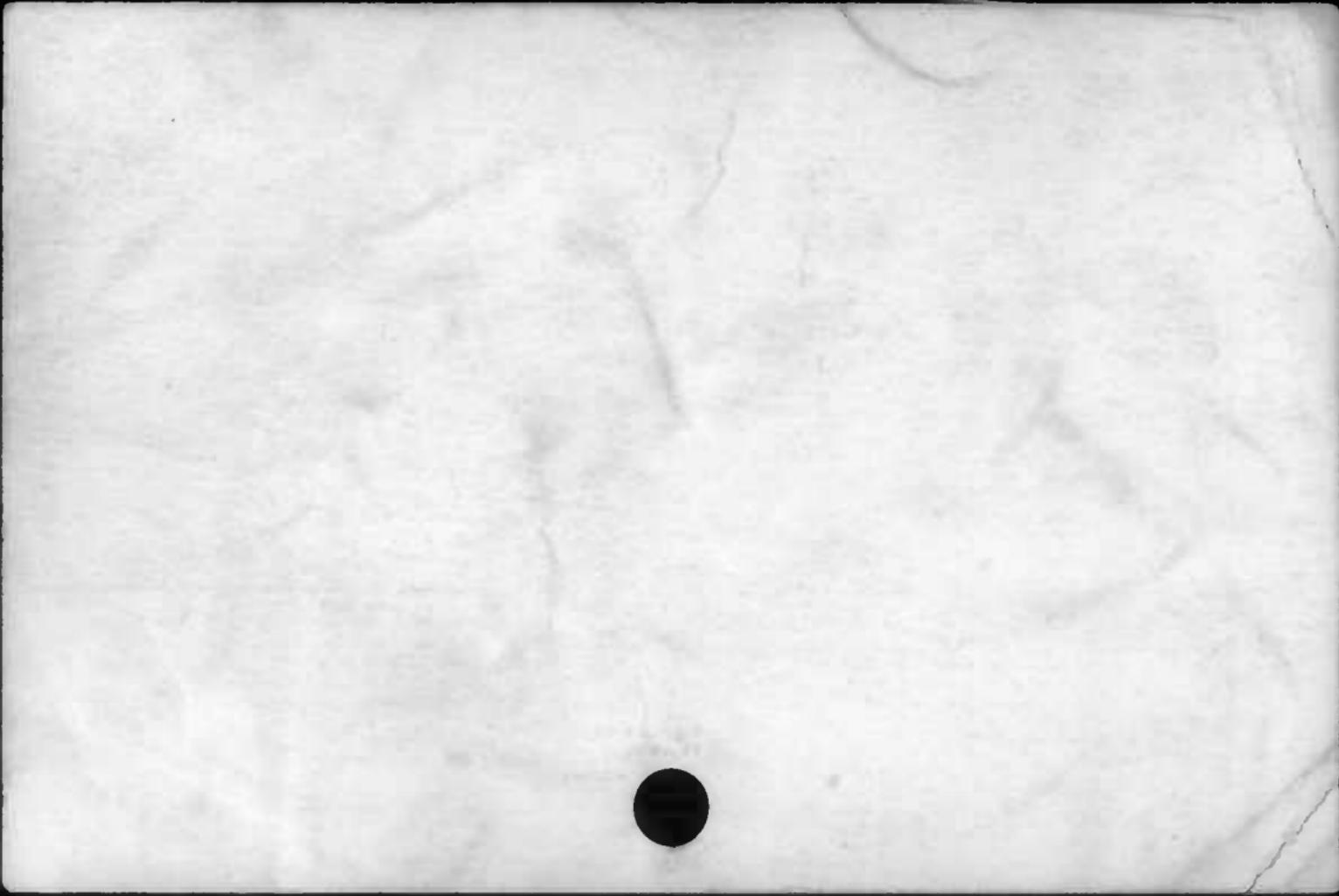
Yes

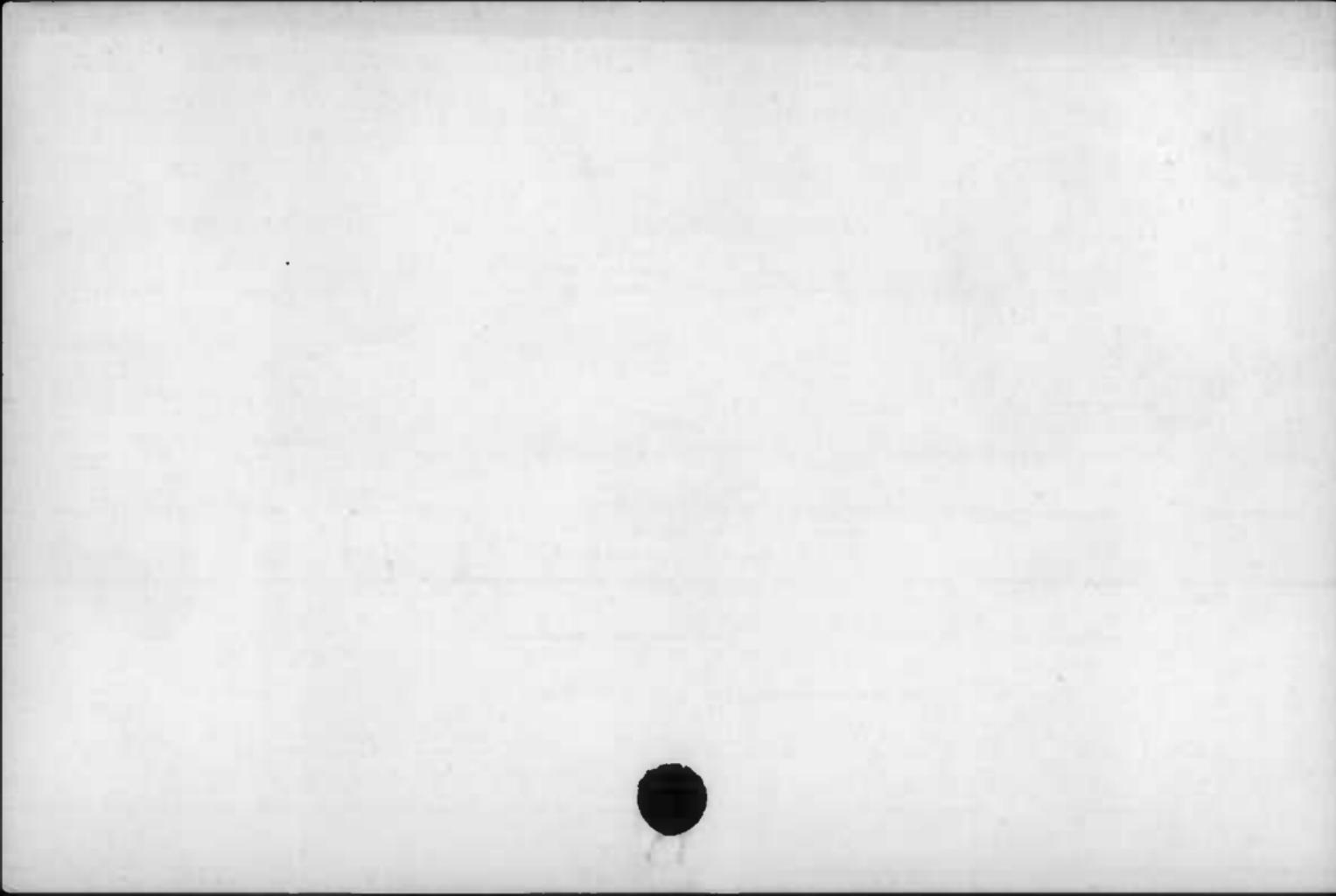
Signature of
Physician

Address

W. T. Morrison
Elkton, Md.

Accident or Suicide





Name
in
FullTo BE ANSWERED BY
NEAREST FRIEND

Harry E Clemson						CERTIFICATE OF DEATH	
Died at Point Deposit		Town Point Deposit		County Cecil		MARYLAND	
Date of death 1910	Month 3	Day 21	Age 38	Years 38	Months —	Days —	
Sex Male	Color or Race White			Birth-place Elkton Md			
Occupation Doctor (M)	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Mary E Clemson						
Father's Name Oliver P Clemson	Father's Birthplace Pennsylvania						
Mother's Maiden Name Sarah L Rea	Mother's Birthplace Pa						
Name of person giving information Mary E Clemson	How related to deceased Wife						

CAUSES OF DEATH

103

✓

Primary

Ocular Goutitis

How long

Death

Immediate

Cerebral Haemorrhage

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

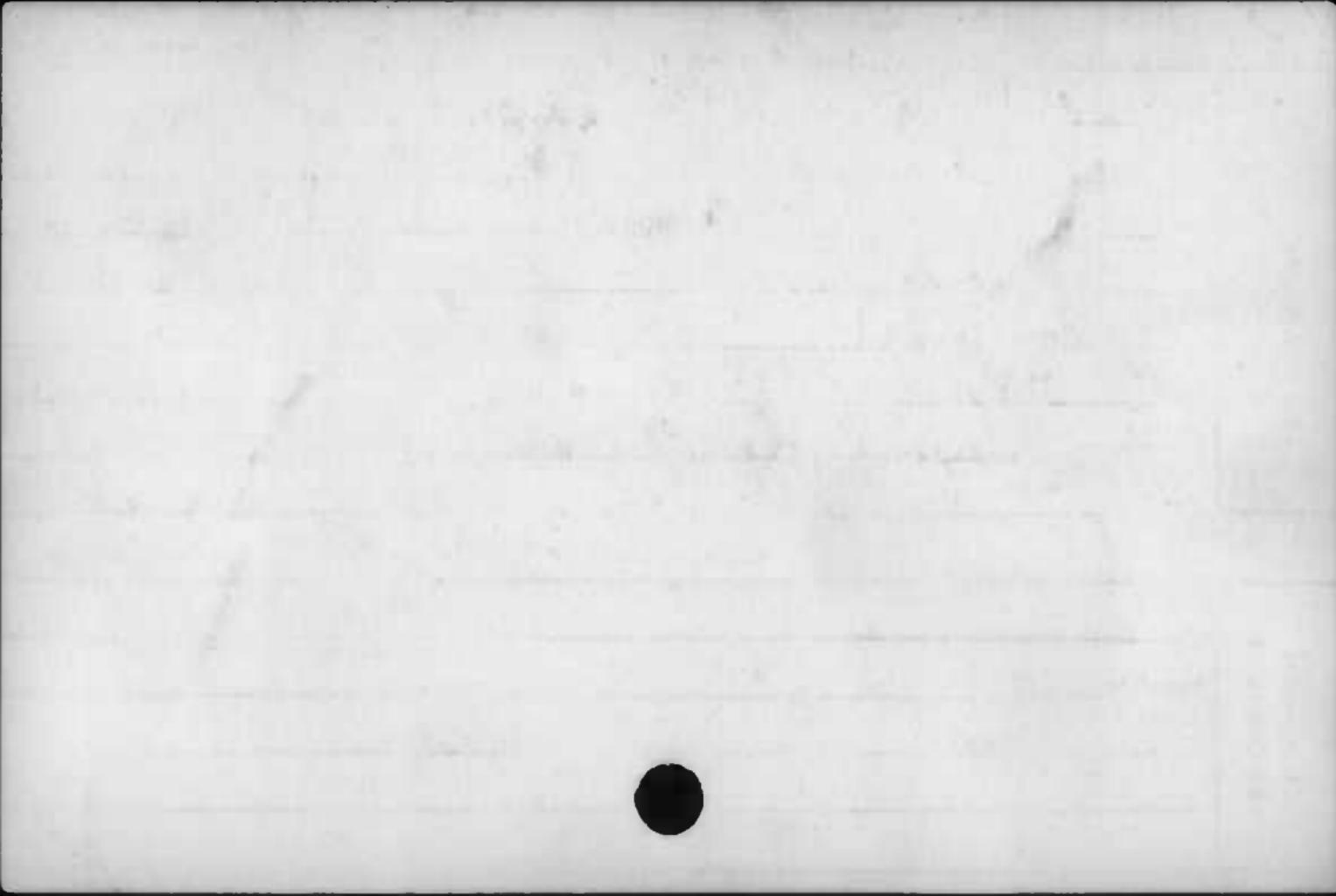
Signature of Physician

Geo. W. Steenke

Address

Perryville - Md.PHYSICIAN
OR CORONER**H**

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Lennouch

CERTIFICATE OF DEATH

MARYLAND

Died at Elk Rock Town Cecil County
Date of death 1903 Month March Day 12 Age 71 Months .. in .. Days ..

Sex Female Color or Race White
Occupation Housekeeper Where Residing if not
at place of death

Married, Single or Widowed Hodow Name of Wife or Husband

Father's Name Jerome B Lennouch

Mother's Maiden Name Myra Barnett

Name of person giving Information Wm L Lennouch

Birth-place Elk Rock
Elk Rock

Father's Birthplace Cecil Co
Mother's Birthplace Cecil Co
How related to deceased Son

CAUSES OF DEATH

Primary

Dropsy
Heart failure
yes

187

How long

Immediate

1
2 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L J Hammett
Front-East
MD

Accident or Suicide

St. Peter's -

Name
in
Full

Lewis Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Rachel R Cummings				
Father's Name	Fannie Cummings					Father's Birthplace
Mother's Maiden Name	Fannie McCullen					Mother's Birthplace
Name of person giving information	Rachel R Cummings					How related to deceased

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary

Chronic & Hypertension

How long

2 yrs

Immediate

Heart Failure

How long

10 days

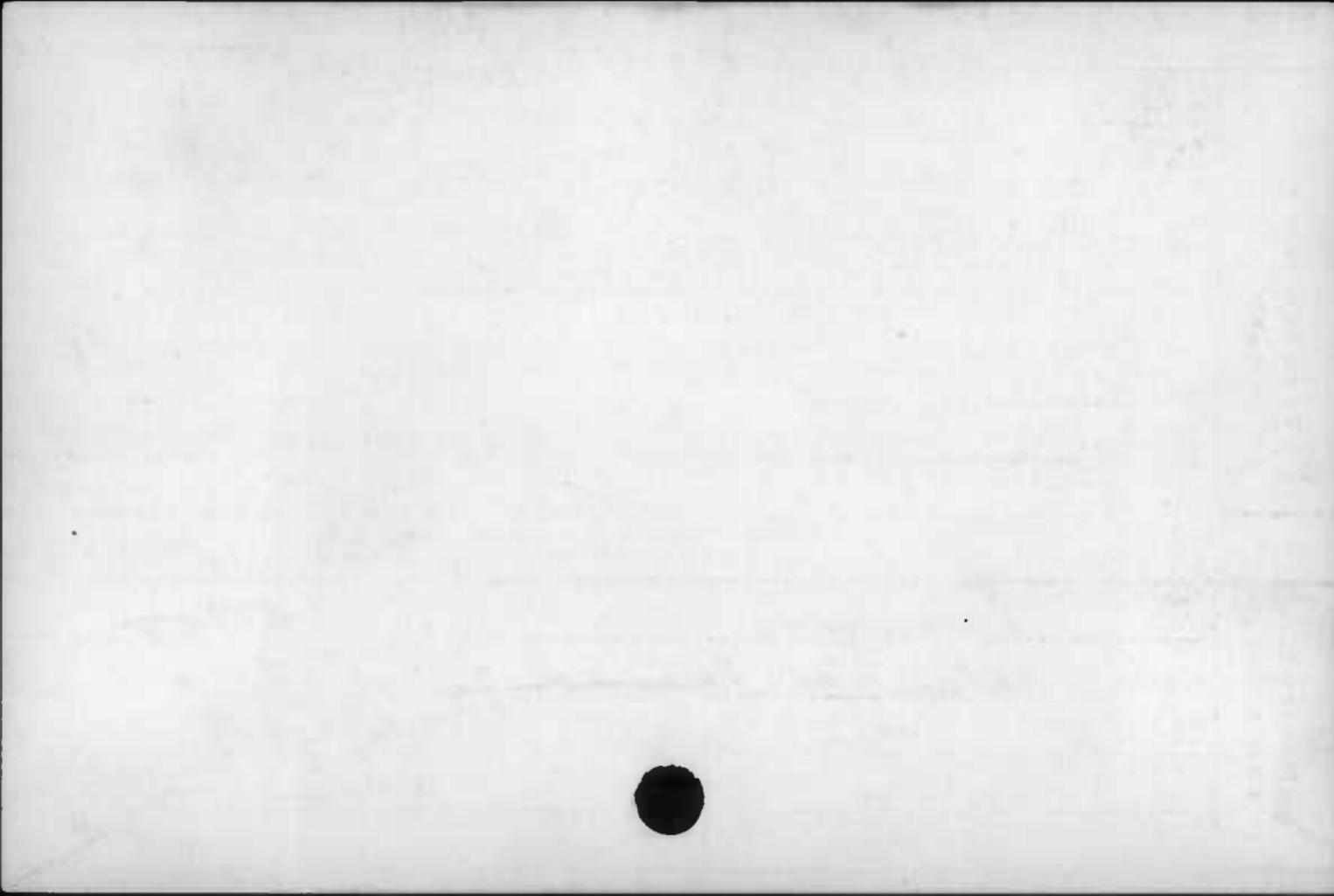
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W.G. Frank
Supply Co.
111 W. Main St.
Lafayette, Ind.

Accident or Suicide?



Name
in
Full

Edgar Y. Freeman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Near Earleville	County Cecil	MARYLAND		
Date of death	19 10	Month 3	Day 11	Years 3	Months 10
Sex	Male	Color or Race	Black	Birth- place	Cecil Co. Ind.
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Alexander Freeman		Father's Birthplace	Cecil Co Ind	
Mother's Maiden Name	Mary Yildow		Mother's Birthplace	Harford Co. Md	
Name of person giving Information	Alexander Freeman		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

H

Primary

Bronchitis

91

How long

5 days

Immediate

Catayhal Pneumonia

7

Are the name, age, sex, color, date
and place correctly given above?

yes

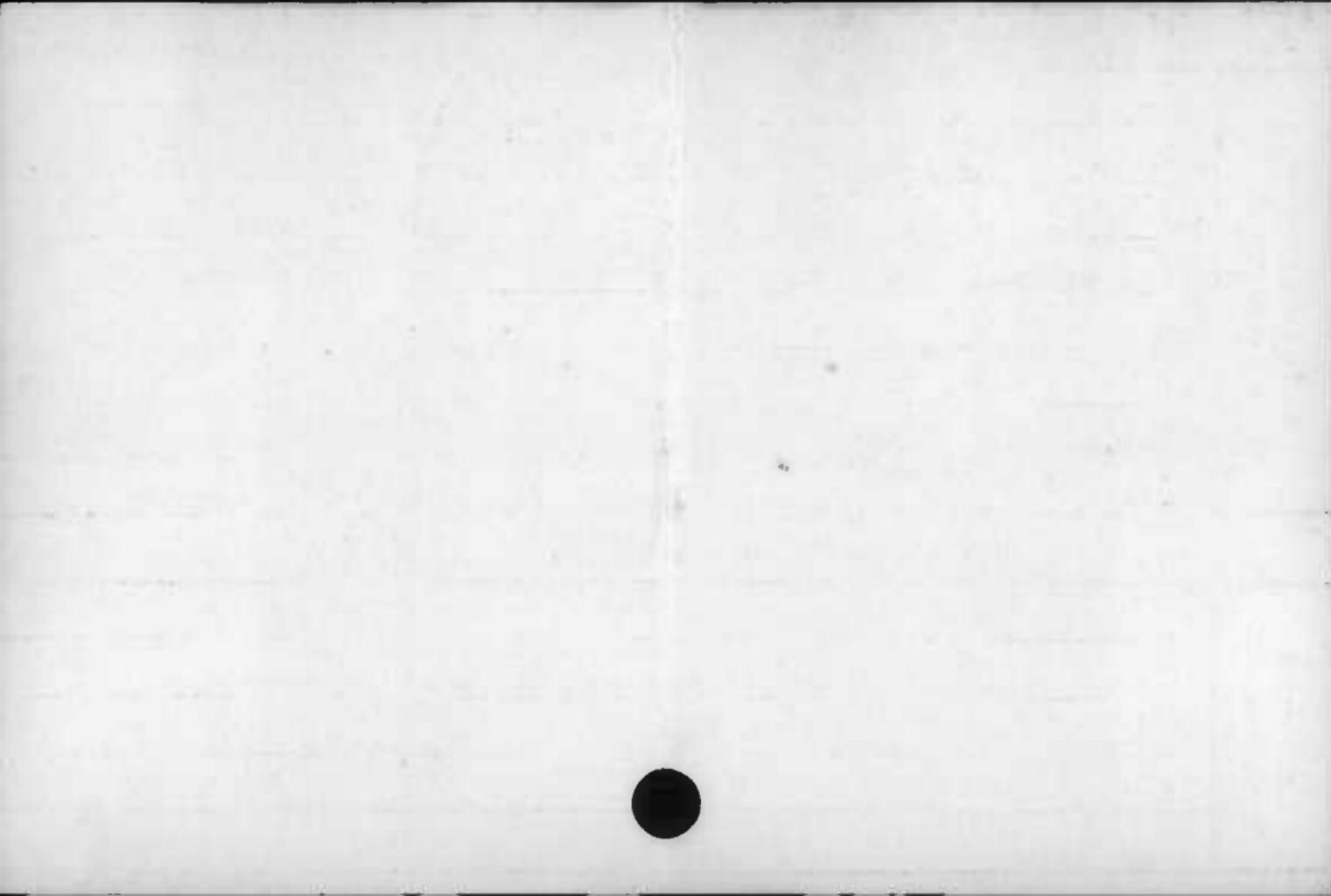
Signature of
Physician

N.M. Black

Address

Centerton
Md

Accident or Suicide?



Name
in
Full

Thomas Gavin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Richardson</u>		<u>Town</u>	<u>Baltimore</u>		<u>County</u>	<u>MARYLAND</u>	
Date of death	1960	Month	March	Day	8	Years	71
Sex	Male	Color or Race	white		Birth-place	Baltimore Co.	
Occupation	Farmer		Where Residing if not at place of death			Richardson	
Married, Single or Widowed	Widowed	Name of Wife or Husband	A		Father's Birthplace	Penns	
Father's Name	Thomas Gavin		Mother's Birthplace			"	
Mother's Maiden Name	Josephine Brown		Name of person giving information			Brother	
Name of person giving information	Tom Gavin		How related to deceased			Brother	

CAUSES OF DEATH

62

How long

4 mo

How long

2 weeks

Primary

Locomotor Ataxia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

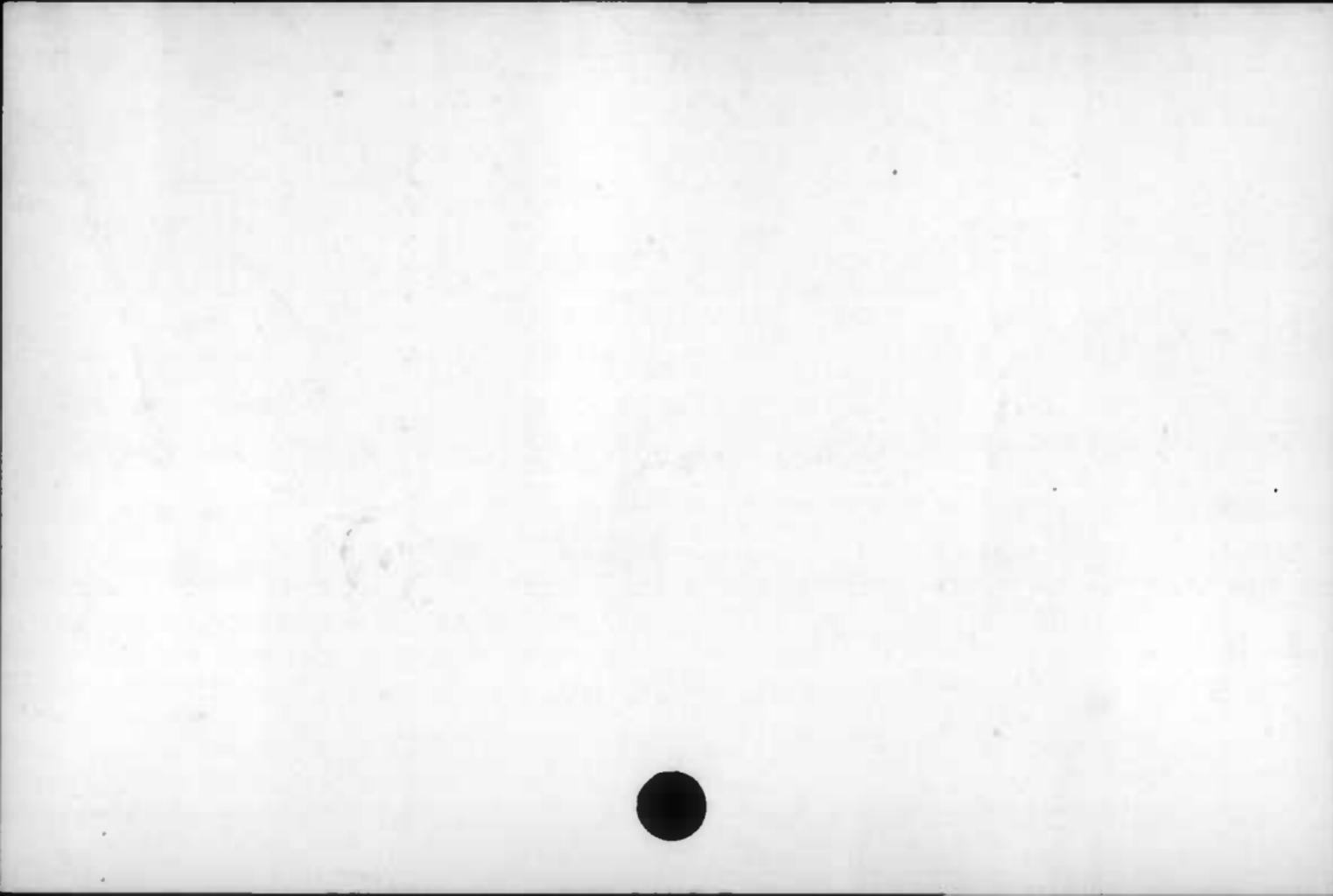
Address

Ernest Rowland

Liberty Grove Md

H

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George H. Gates

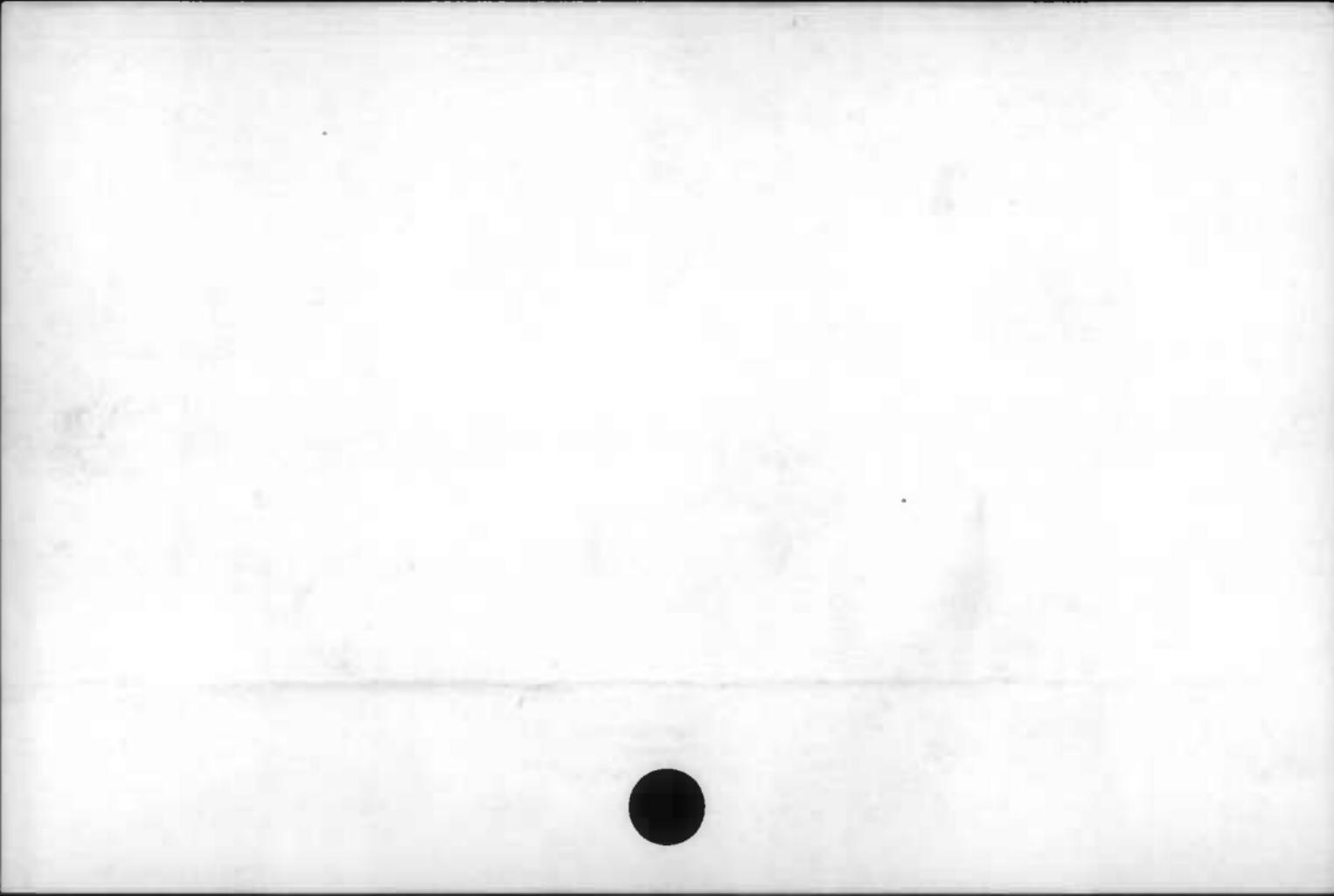
CERTIFICATE OF DEATH

MARYLAND

Died at	Elk Neck	Month	County
Date of death	1900	March	25
Sex	Male	Color or Race	White
Occupation	Labours	Where Residing if not at place of death	Unknown
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Clinton Turner	How related to deceased	None
CAUSES OF DEATH			
Primary	Enteric Colitis	How long	One Week
Immediate	Phlebitis - hemorrhage	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Theo. A. Hovall
		Address	North East
Accident or Suicide			Med

105

Office Supply Co. 2364



Name
in
Full

Alfred Griffith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Elkin		County	Cecil		MARYLAND	
Date of death	Month	Day	Years	Age	Years	Months	Days	
1910	3	26	34	34	-	-	-	
Sex	male	Color or Race	colored	Birth-place	mexico			
Occupation	Woolster	Where Residing if not at place of death		-				
Married, Single or Widowed	married	Name of Wife or Husband	Kate White	Griffith	-			
Father's Name	W ^o Griffith	Father's Birthplace	Mexico	-				
Mother's Maiden Name	Orchardree	Mother's Birthplace	Mexico	-				
Name of person giving information	Kate White	How related to deceased	wife	-				

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis Senile

Immediate

Exhaustion

2 days

Are the name, age, sex, color, date and place correctly given above?

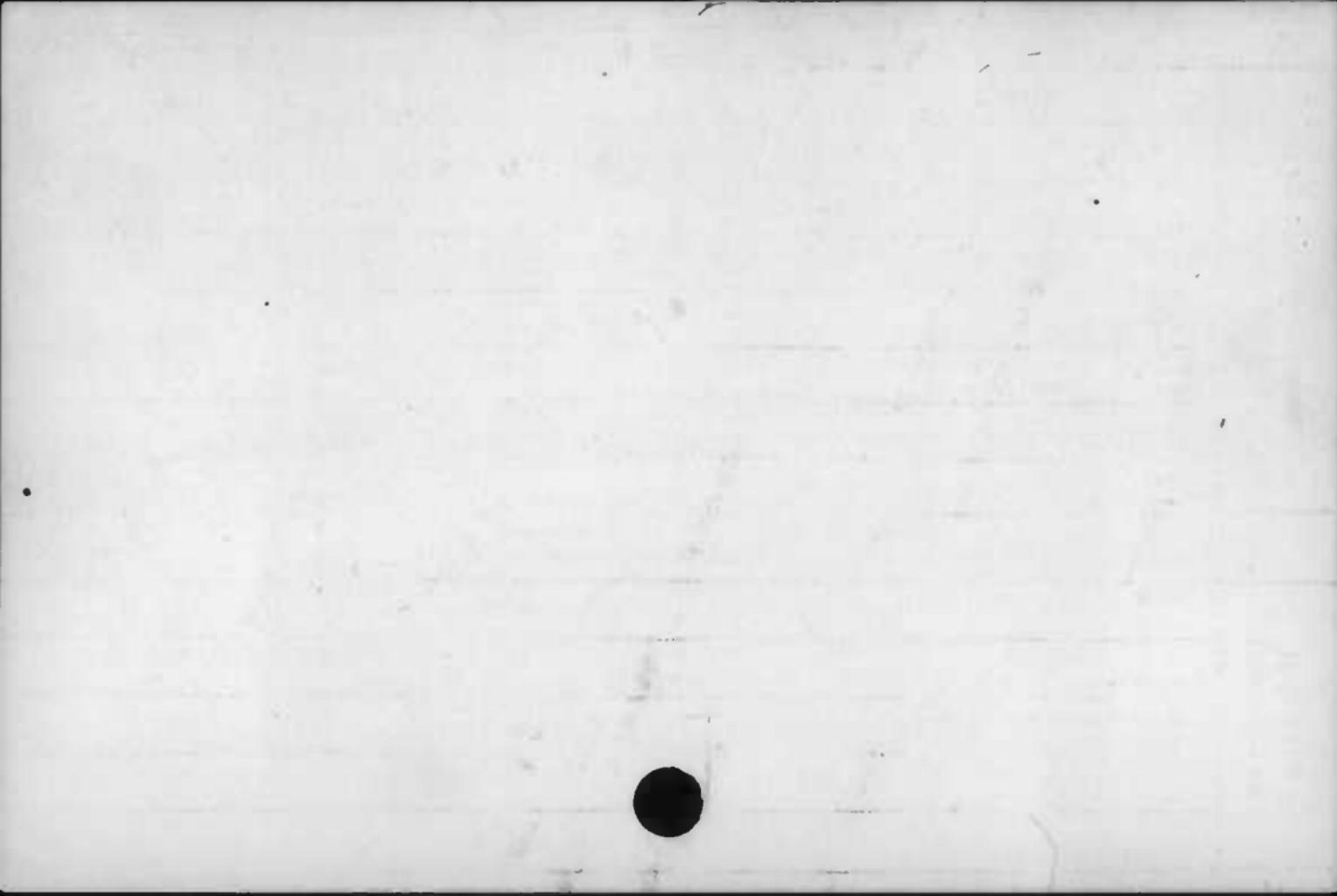
Yes

Signature of Physician

Address

Elkin, N.C.
Elkin Hotel

Accident or Suicide?

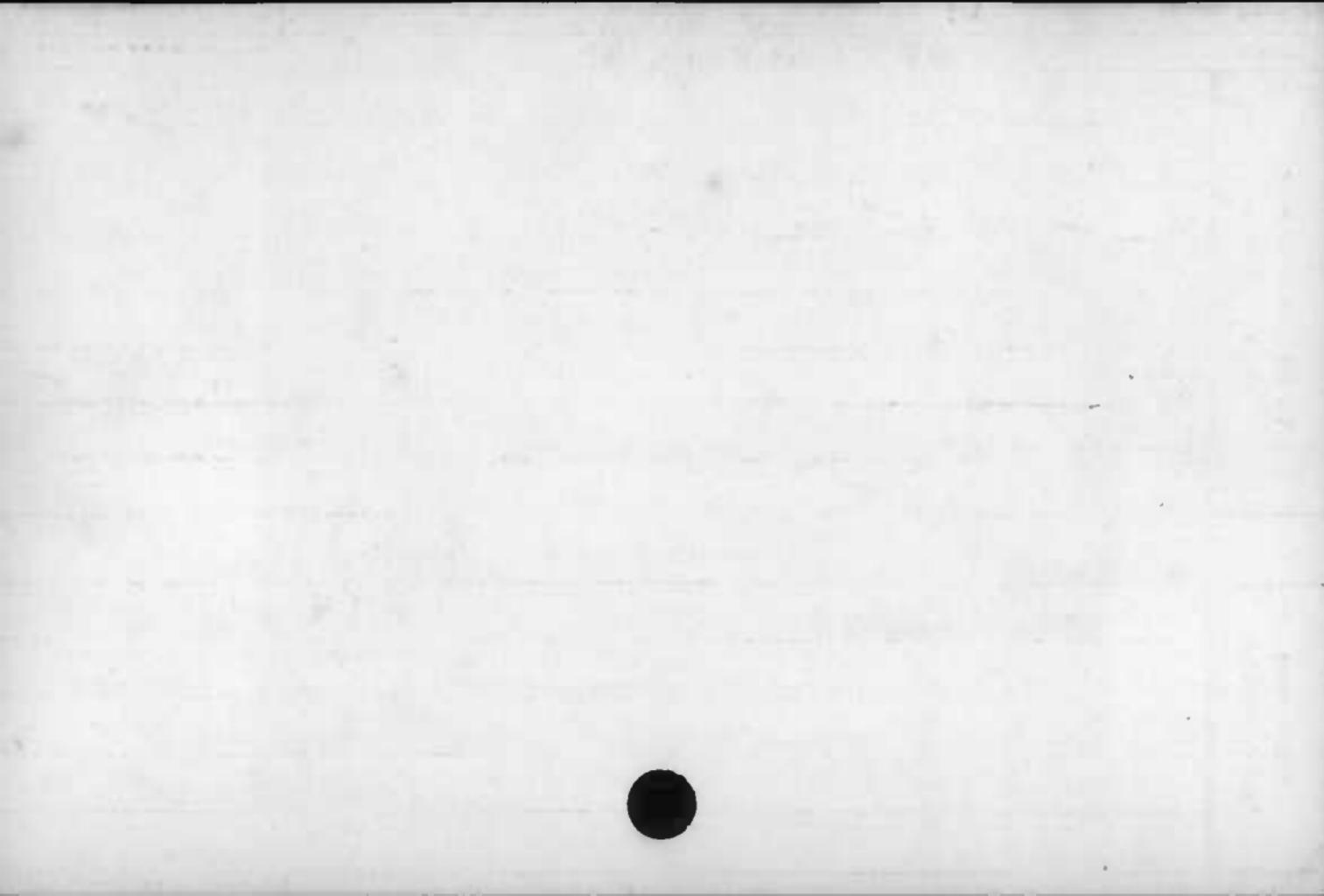


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Unnamed				Harris		CERTIFICATE OF DEATH	
Died at near Elkton		Town		County	Cecil	MARYLAND	
Date of death	1910	Month	3	Day	26	Years	Stillborn
Age						Months	
Sex	girl female	Color or Race	white	Birth- place	near Elkton	Days	
Occupation		Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband	—			.	
Father's Name	B. B. Harris			Father's Birthplace	Del.		
Mother's Maiden Name	Anna Lewis			Mother's Birthplace	Del		
Name of person giving Information	B B Harris			How related to deceased	sister		
CAUSES OF DEATH							
Primary	Stillborn			How long	8		
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Helen M. McElroy			
			Address	Elkton, Md.			
Accident or Suicide?							



Harriet - & Lura Hawley

CERTIFICATE OF DEATH

MARYLAND

Died <input checked="" type="checkbox"/>	Town <input type="checkbox"/>	County <input type="checkbox"/>				
Date of death 1960	Month Mar.	Day 15	Age 67	Years	Months 11	Days 22
Sex Female	Color or Race White	Birthplace Delaware				
Occupation <input type="checkbox"/>	Where Residing if not at place of death Bear Jion Ind.					
Married, Single or Widowed married	Name of <input type="checkbox"/> Husband John B. Hawley					
Father's Name John Cooper	Father's Birthplace Penna					
Mother's Maiden Name Ann Sheward	Mother's Birthplace Del.					
Name of person giving Information John. B. Hawley	How related to deceased Husband					

CAUSES OF DEATH

92

How long

2 years.

How long

11 days.

Primary

Melancholia Chronic

Immediate

Catarrhal Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

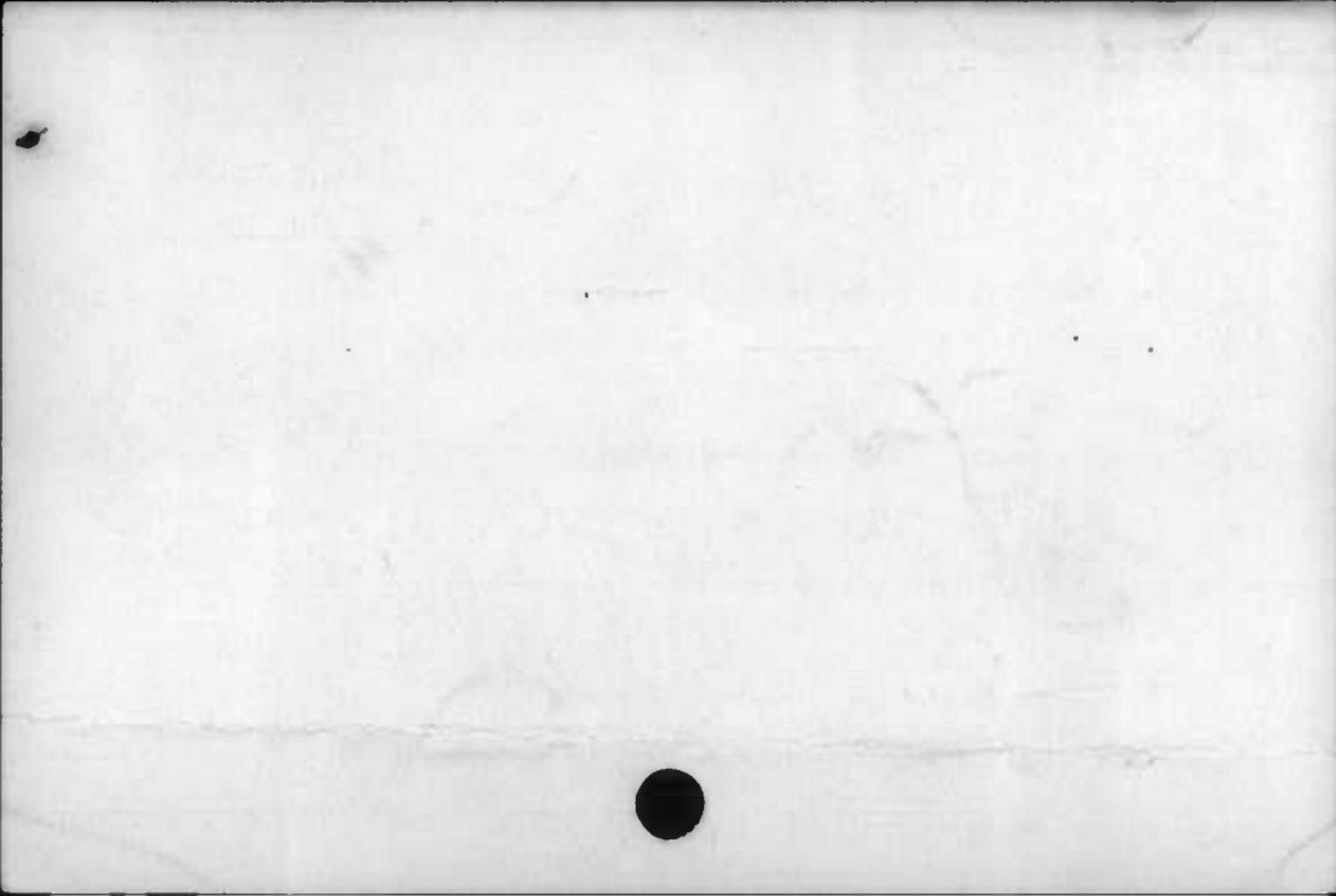
Chas. F. Miller.

Address

North East.

Md.

Accident or Suicide?



Name
in
Full

George Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1910	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Sandy Point Del	
Occupation	Retired			Where Residing if not at place of death	—	
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Thomas Jones			Father's Birthplace	Del	
Mother's Maiden Name	Rashie Chen Daniel			Mother's Birthplace	—	
Name of person giving information	Mrs. Emma Willis			How related to deceased	Daughter	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Pneumonia.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

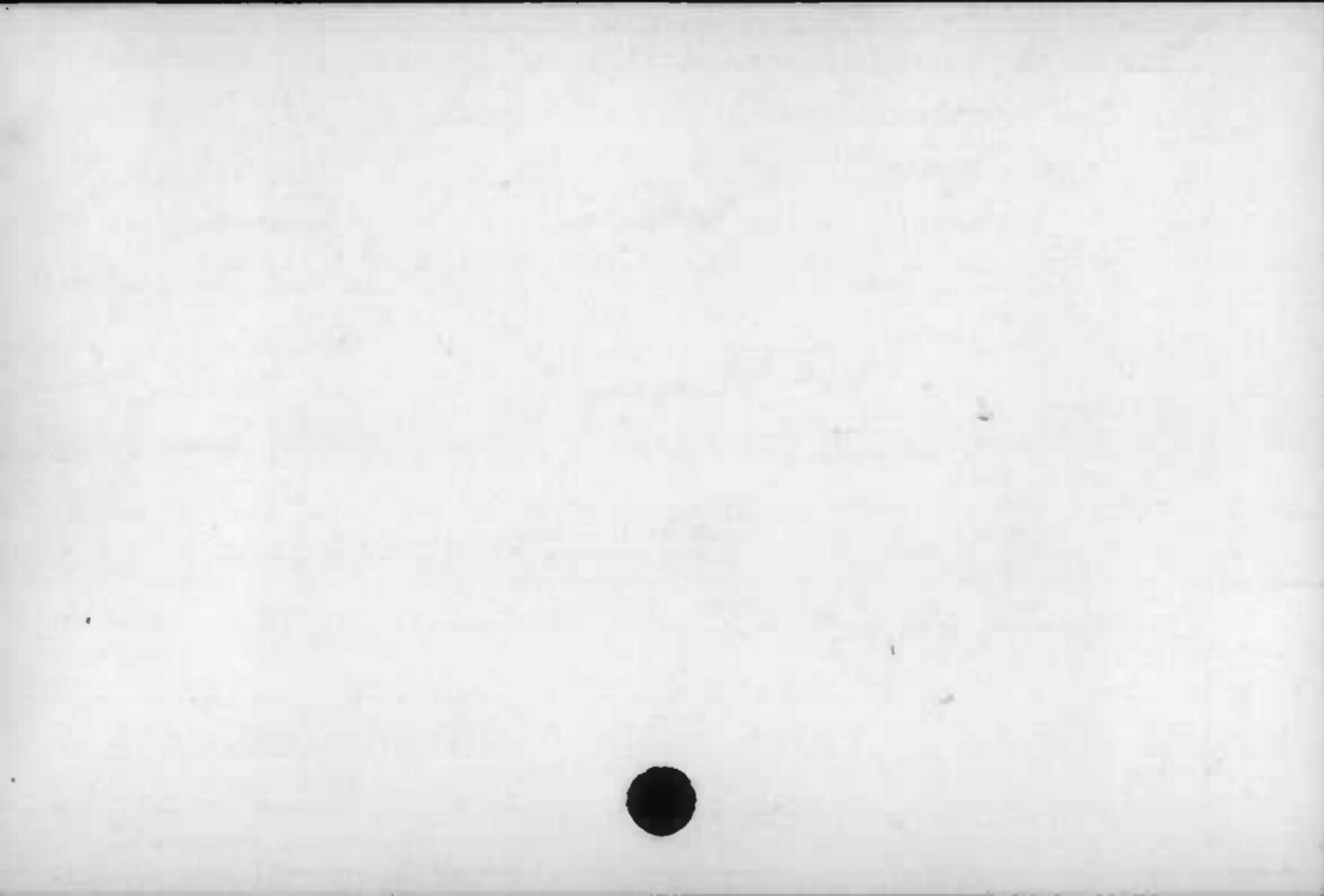
Signature of Physician

W.C. Barnes

Address

Chesapeake City Del

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mrs. Harmon Jane Kline

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death	1910	Month Mar	Day 26	Age 56	Years	Months 6	Days 10
Sex	Female	Color or Race	White				
Occupation	Housewife		Where Residing if not at place of death Baltimore, Maryland				
Married, Single or Widowed	Married	Name of Wife or Husband	James W. Kline				
Father's Name	James Mc Kown		Father's Birthplace Maryland				
Mother's Maiden Name	Julia Cooper		Mother's Birthplace Maryland				
Name of person giving Information	Dr. Daniel J. Kline		How related to deceased Son				

CAUSES OF DEATH

40

Primary
Cerebrovascular Disease, Infective Endocarditis

How long

One year

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

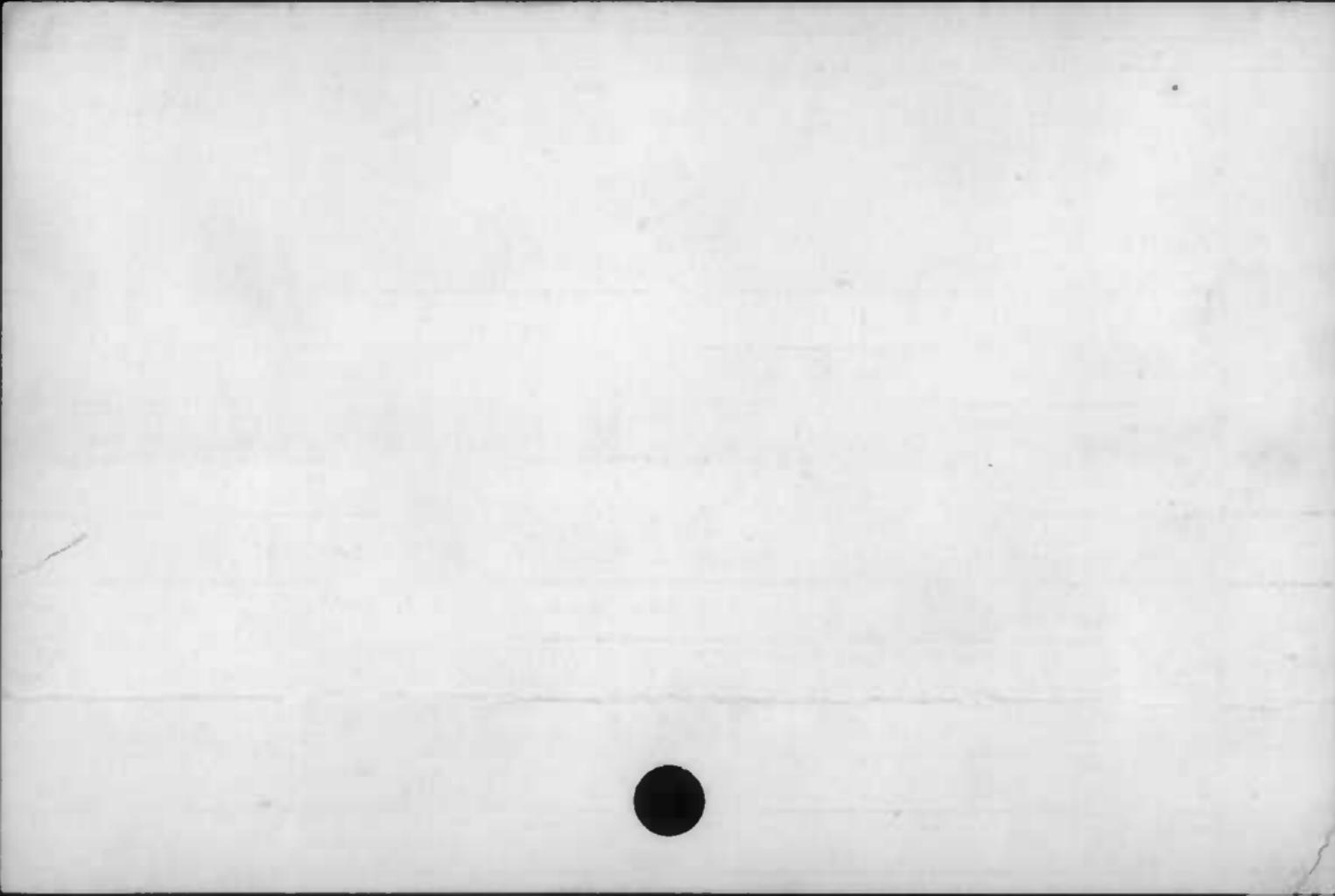
yes

Signature of Physician

Address

H. C. Campbell
1111 East
Maryland

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY

NEAREST FRIEND

Saddie Rebecca Thauß

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
1910	March	2	28	—	—	
Sex	Color or Race	Birth-place	Residence			
Female	white	Rising Sun	Colora Md			
Occupation	Where Residing if not at place of death					
Housekeeper	Clarinda Thauß					
Married, Single or Widowed	Name of Wife or Husband	Clarinda Thauß				
Married	Clarinda Thauß	Clarinda Thauß				
Father's Name	Taylor Moore					Father's Birthplace
Taylor Moore	Taylor Moore					Rising Sun
Mother's Maiden Name	Emily Anderson					Mother's Birthplace
Emily Anderson	Emily Anderson					Rising Sun
Name of person giving information	Clarinda Thauß					How related to deceased
Clarinda Thauß	Clarinda Thauß					Husband

CAUSES OF DEATH

64

How long

1 hr

Primary

Apoplectic

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

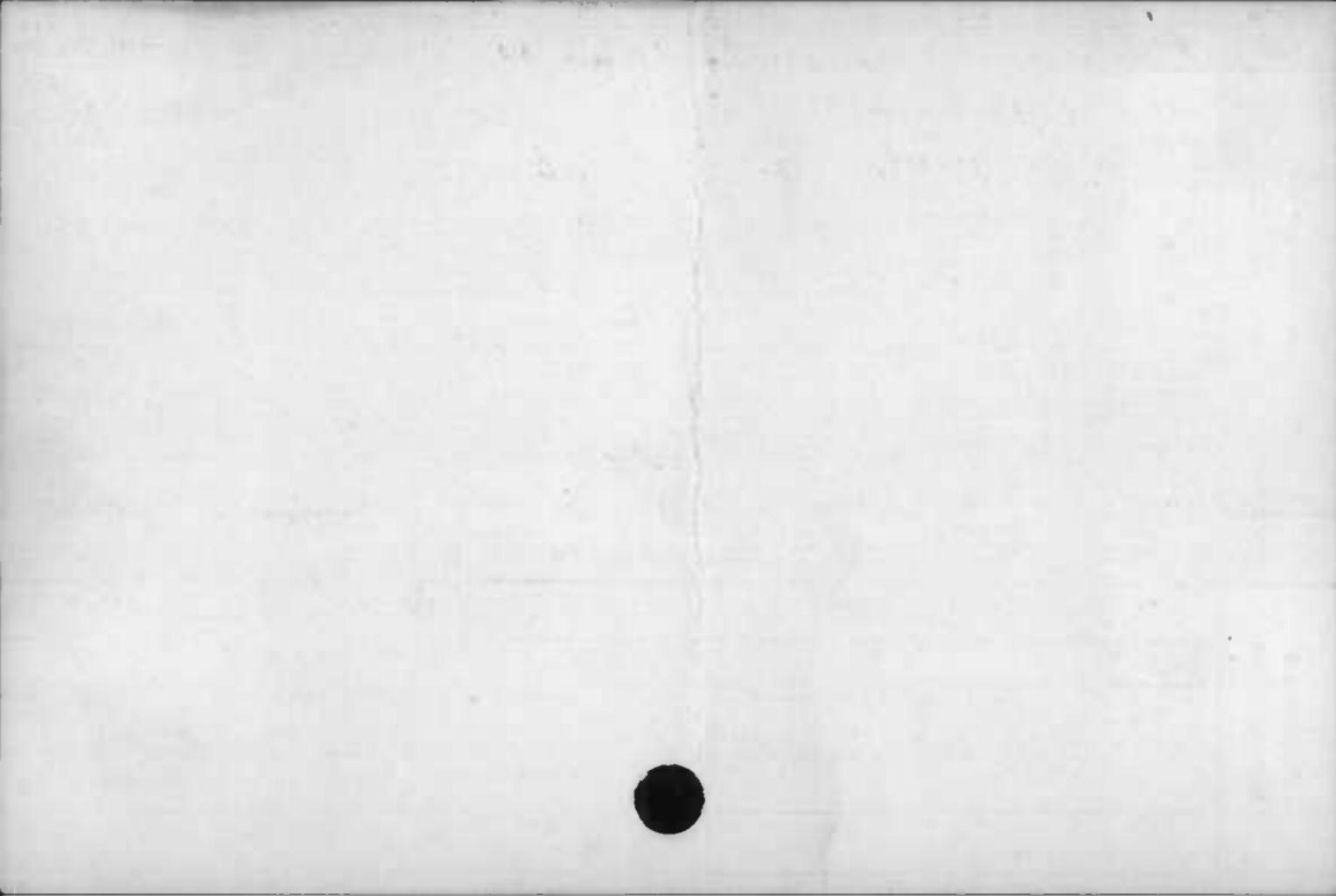
Address

Ernest Rowland
Liberty Grove
Md

PHYSICIAN
OR CORONER

H

Accident or Suicide?



Name
in
Full

Rebecca Elizabeth L. Floyd

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1910	Month March	Day 3	Age 72	Years	Months 2
Sex Female	Color or Race White	Birth-place Cecil Co.			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Samuel L. Floyd			
Father's Name	John Chambers	Father's Birthplace Cecil Co.			
Mother's Maiden Name	Rebecca Chambers	Mother's Birthplace "			
Name of person giving information	Julia Foster	How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute nephritis

119

How long

Two weeks

Immediate Malaria

How long

about ten days

Are the name, age, sex, color, date and place correctly given above?

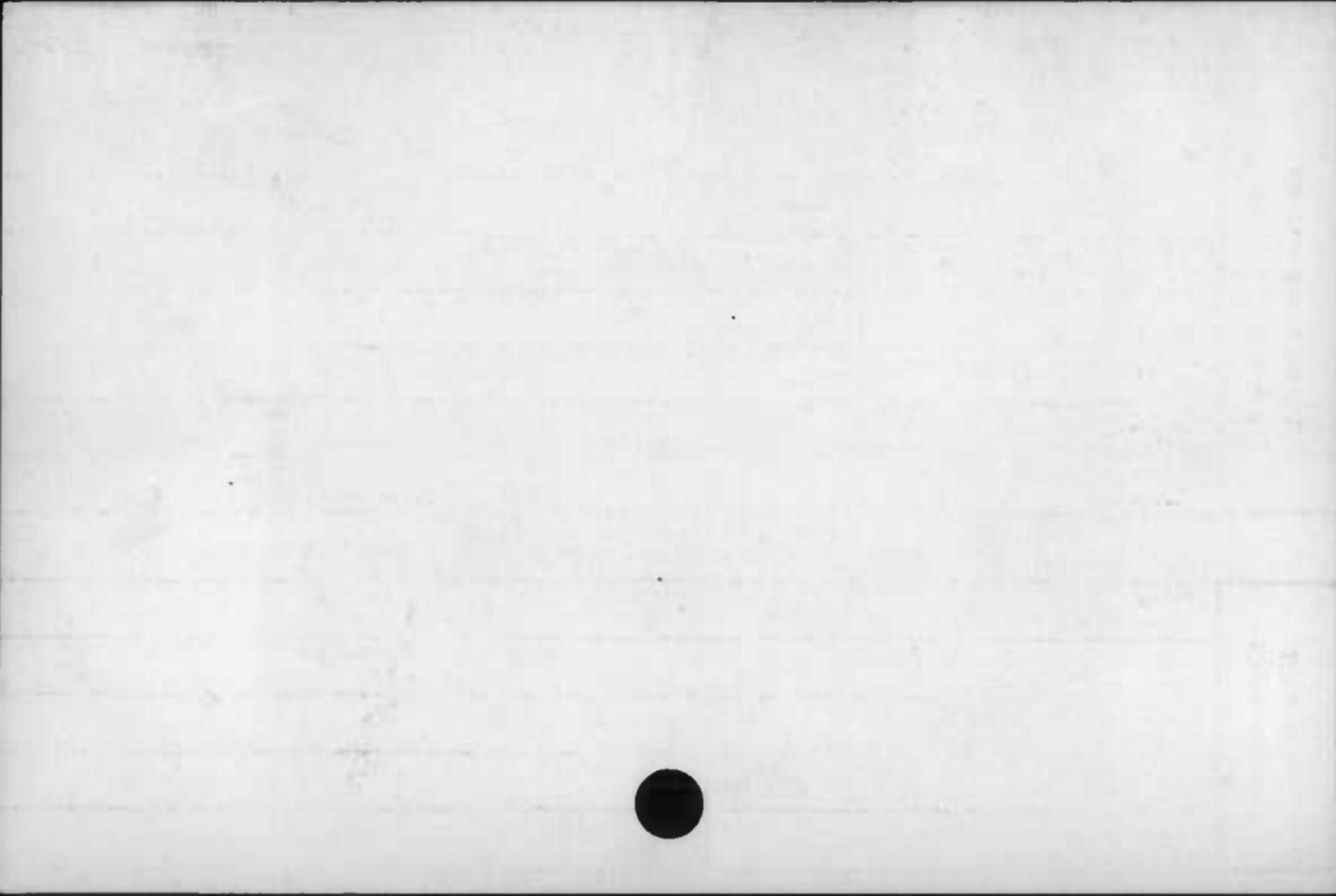
Signature of Physician

Address

J. C. Conroy, M.D.
Chesapeake City, Md.



Accident or Suicide?



Name
in
Full

George Lewis Intardell

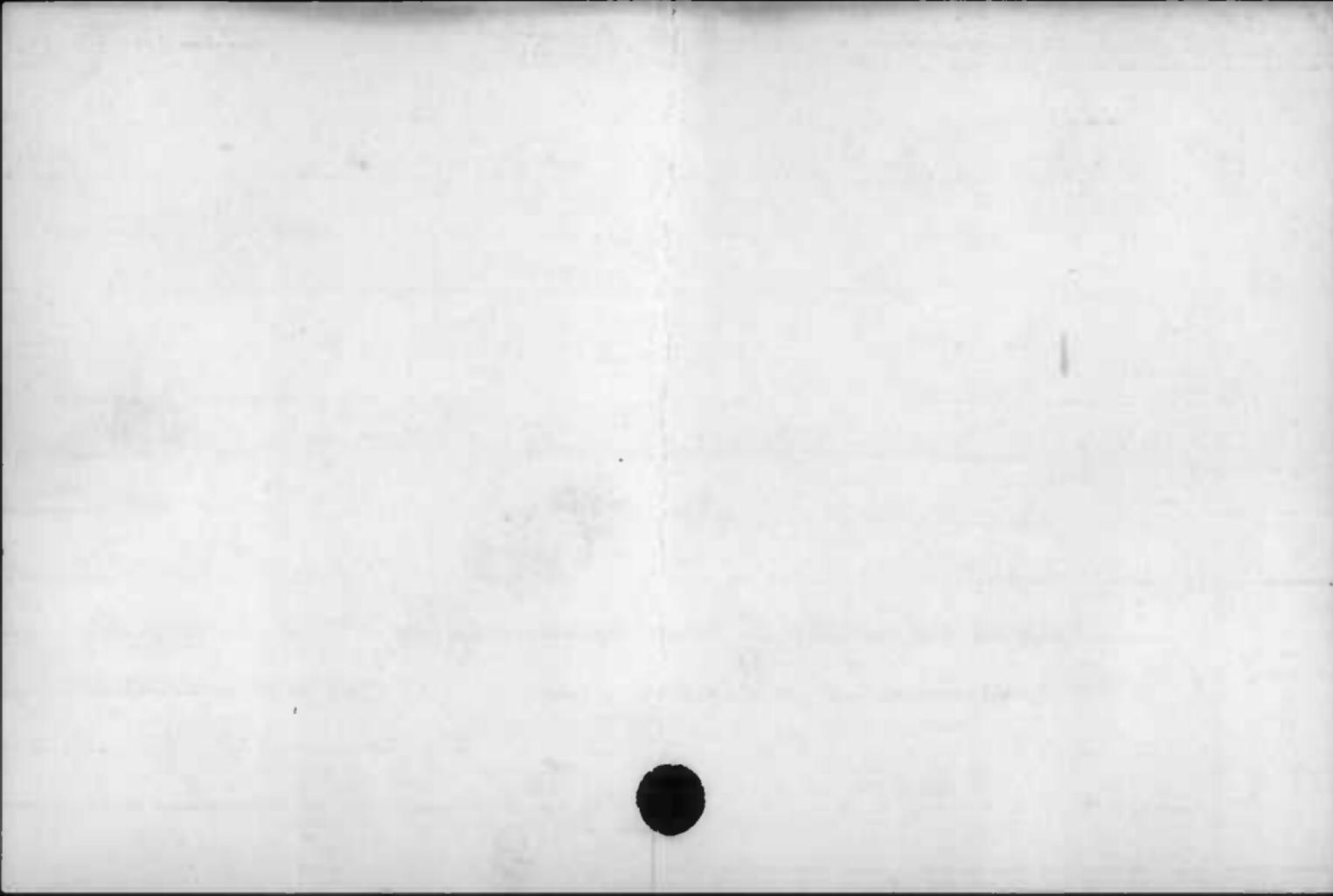
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
at New Valley		Baltimore			
Date of death	Month	Day	Years	Months	Days
1910	March	6th	10	4	
Sex	Color or Race	Birth-place			
Male	White	at New Valley			
Occupation	Where Residing if not at place of death				
None. Scholar	at home				
Married, Single or Widowed	Name of Wife or Husband				
Single	✓				
Father's Name	Martin Luther Intardell		Father's Birthplace	at New Valley	
Mother's Maiden Name	Rachel Catherine Smitt		Mother's Birthplace	Rowlandville	
Name of person giving information	Geo. W. Intardell		How related to deceased	Grandfather	

PHYSICIAN
OR CORONER

CAUSES OF DEATH	
Primary	Pneumonia & Pleurisy
Immediate	Heart Failure
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	Now



Name
in
Full

AK
To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

H

William N McCush

CERTIFICATE OF DEATH

Died at <u>Rising Sun</u>		Town <u>Federal</u>		County		MARYLAND	
Date of death <u>1960</u>	Month <u>Mar</u>	Day <u>29</u>	Age <u>78</u>	Years	Months	Days	
Sex <u>Male</u>	Color of Race <u>white</u>	Birth-place <u>Maryland</u>					
Occupation <u>Farmer</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Wedded</u>	Name of Wife or Husband						
Father's Name <u>McCush</u>	Father's Birthplace <u>Federal</u>						
Mother's Maiden Name <u>Elyzabeth Knight</u>	Mother's Birthplace <u>"</u>						
Name of person giving Information <u>James McCush</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

Primary

Altherosclerosis

How long

Some years

Immediate

Pneumonia

How long

7 days

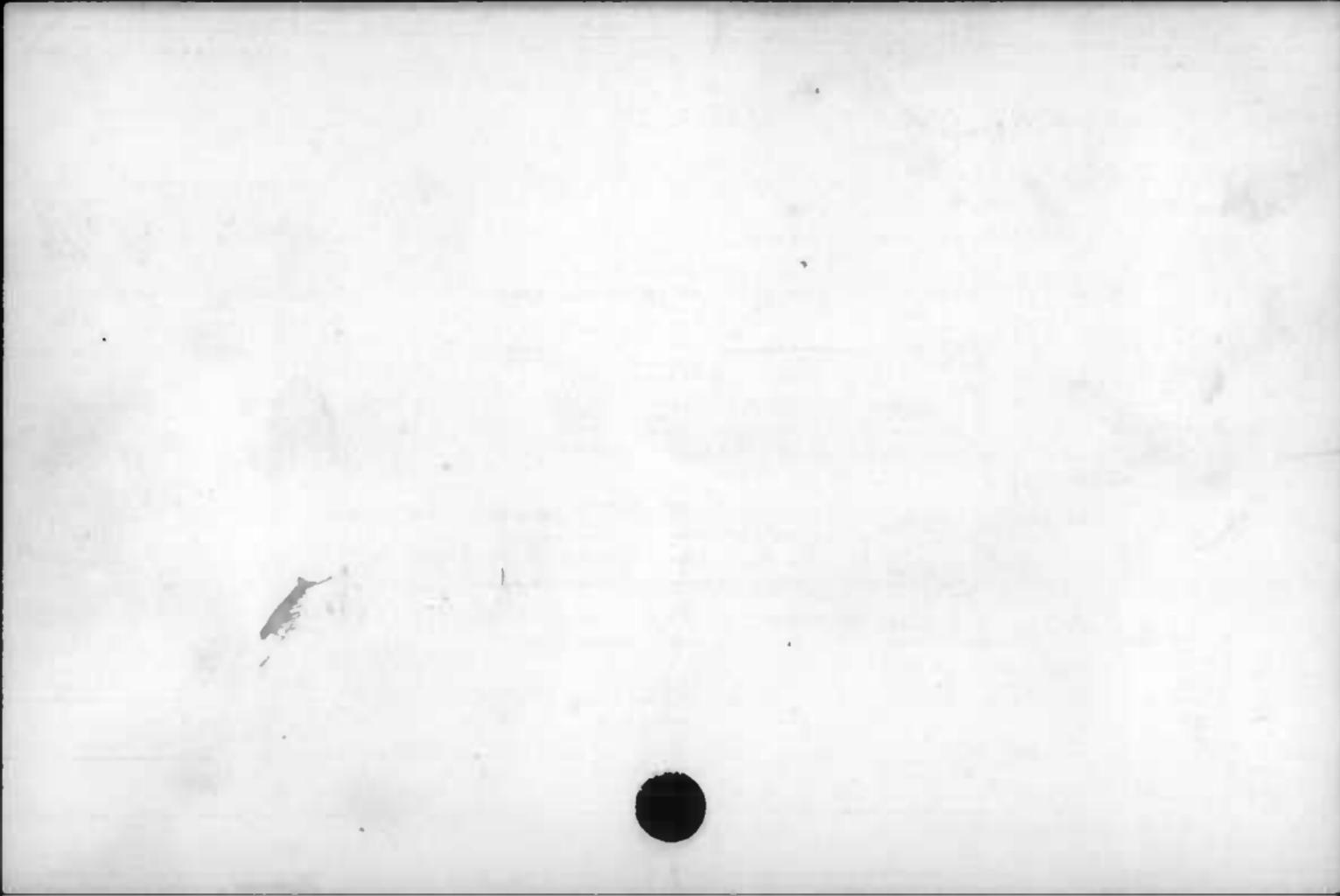
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John H. Jennings
Resonplex

Accident or Suicide?



Name
in
Full

David Maher

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Rising Sun			County	MARYLAND						
Date of death	1910	Month	March	Day	5	Years	70	Months	—	Days	—
Sex	Male	Color or Race	white	Birth-place	Ireland						
Occupation	Labourer			Where Residing if not at place of death	Near Rising Sun						
Married	Widowed	Name of Wife or Husband				Father's Birthplace	Worl and				
Father's Name	Daniel Maher			Mother's Birthplace							
Mother's Maiden Name	Doris Knobell			Father's Birthplace							
Name of person giving information	Margaret Harvey			Mother's Birthplace							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia one week
Heart Failure

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

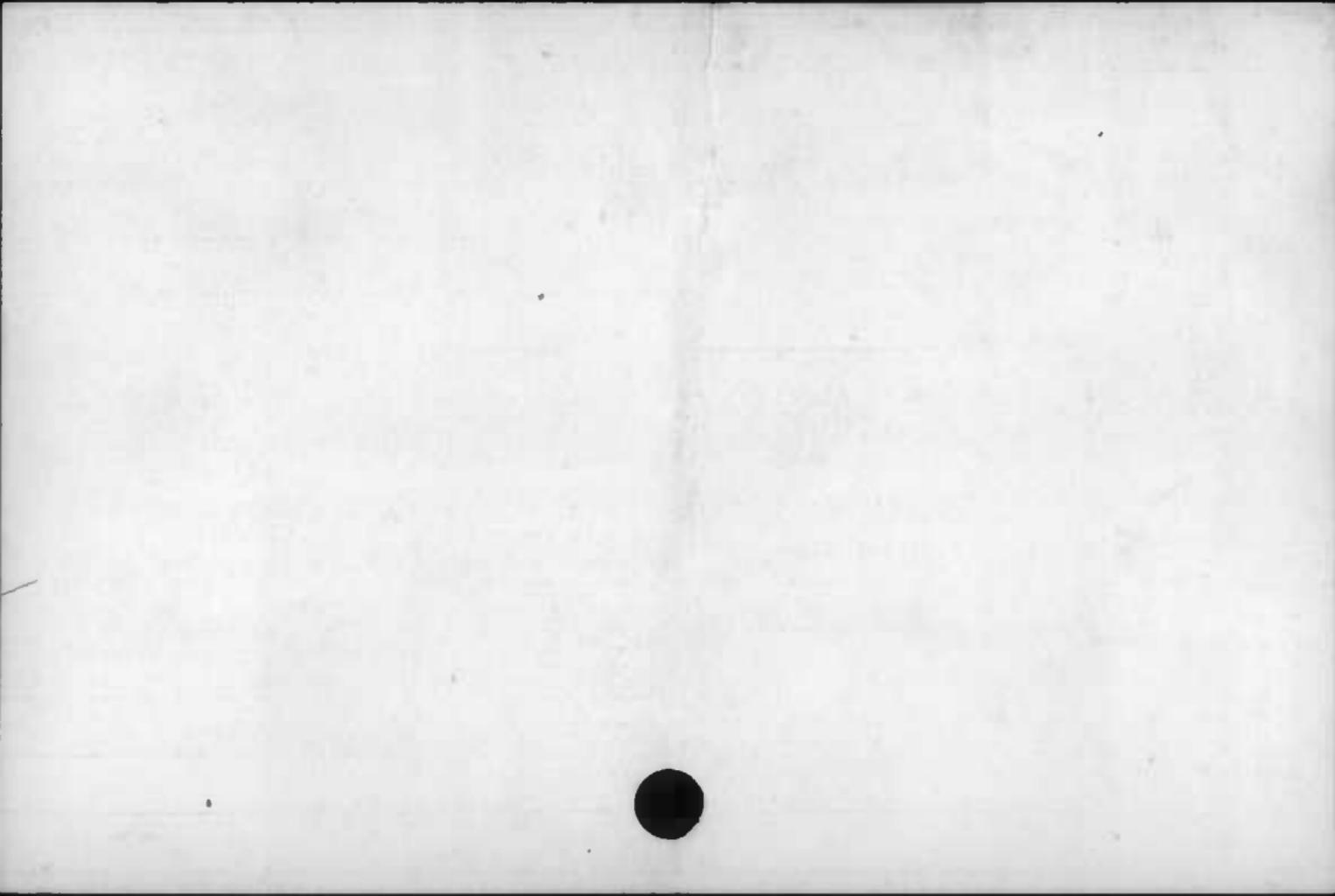
Signature of Physician

Address

Dr Geo S. Bass
Rising Sun
Md

H

Accident or Suicide?



Name
in
Full

Florence Malin
Elkton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Elkton Cecil

Date of death	Month	Day	Age	Years	Months	Days
1960	Mar	17	14	11	0	0
Sex	Color or Race	White				
Female						
Occupation	House-maid					
Where Residing if not at place of death	New Providence Md					
Married, Single or Widowed	Single					
Father's Name	Harry J Malin					
Mother's Maiden Name	Sarah R Foracre					
Name of person giving Information	Sarah R Foracre					

Father's Birthplace

Pa

Mother's Birthplace

Del
Mother

How related to deceased

Da

How long

2 yrs

How long

Primary

CAUSES OF DEATH

Pyacnia

Extravasation

Immediate

Are the name, age, sex, color, date and place correctly given above?

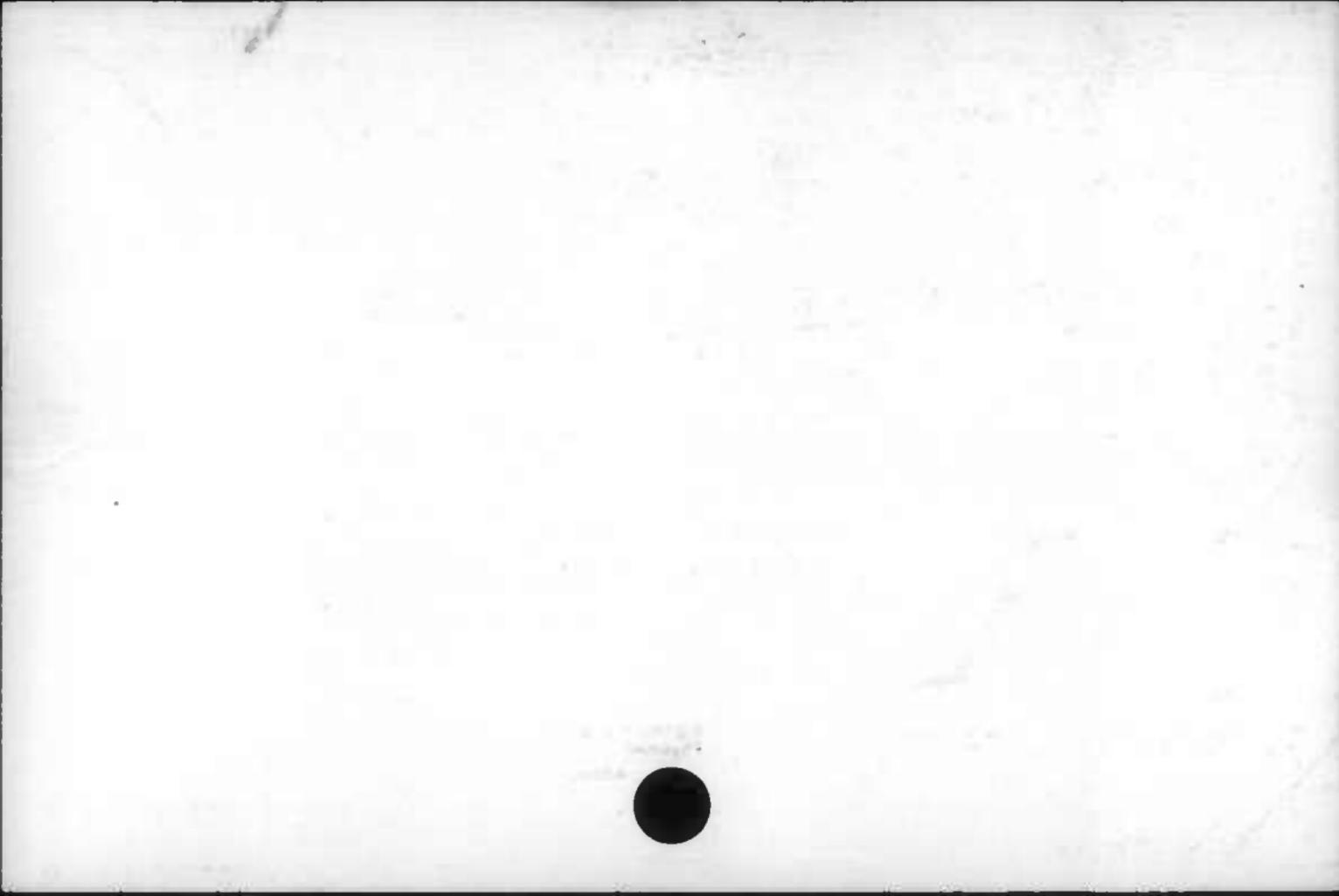
Signature of
Physician

Address

Hudson Mitchell MD
Elkton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Mitchell

CERTIFICATE OF DEATH

MARYLAND

Died at Sekton Town Sekton County Cecil
Date of death 1900 Month 3 Day 17 Years 75 Months - Days -
Sex Female Color or Race White Birth-place Del
Occupation house wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband James Mitchell

Father's Name Unknown Father's Birthplace

Mother's Maiden Name Unknown Mother's Birthplace

Name of person giving Information James Mitchell How related to deceased Husband

CAUSES OF DEATH

Primary Arterio Sclerotic Signature of Physician Hudson Mitchell
Address St. John Med

Immediate Heart failure How long 81
Are the name, age, sex, color, date and place correctly given above? Yes

Suicide



Name
in
Full

Debrae Wong

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

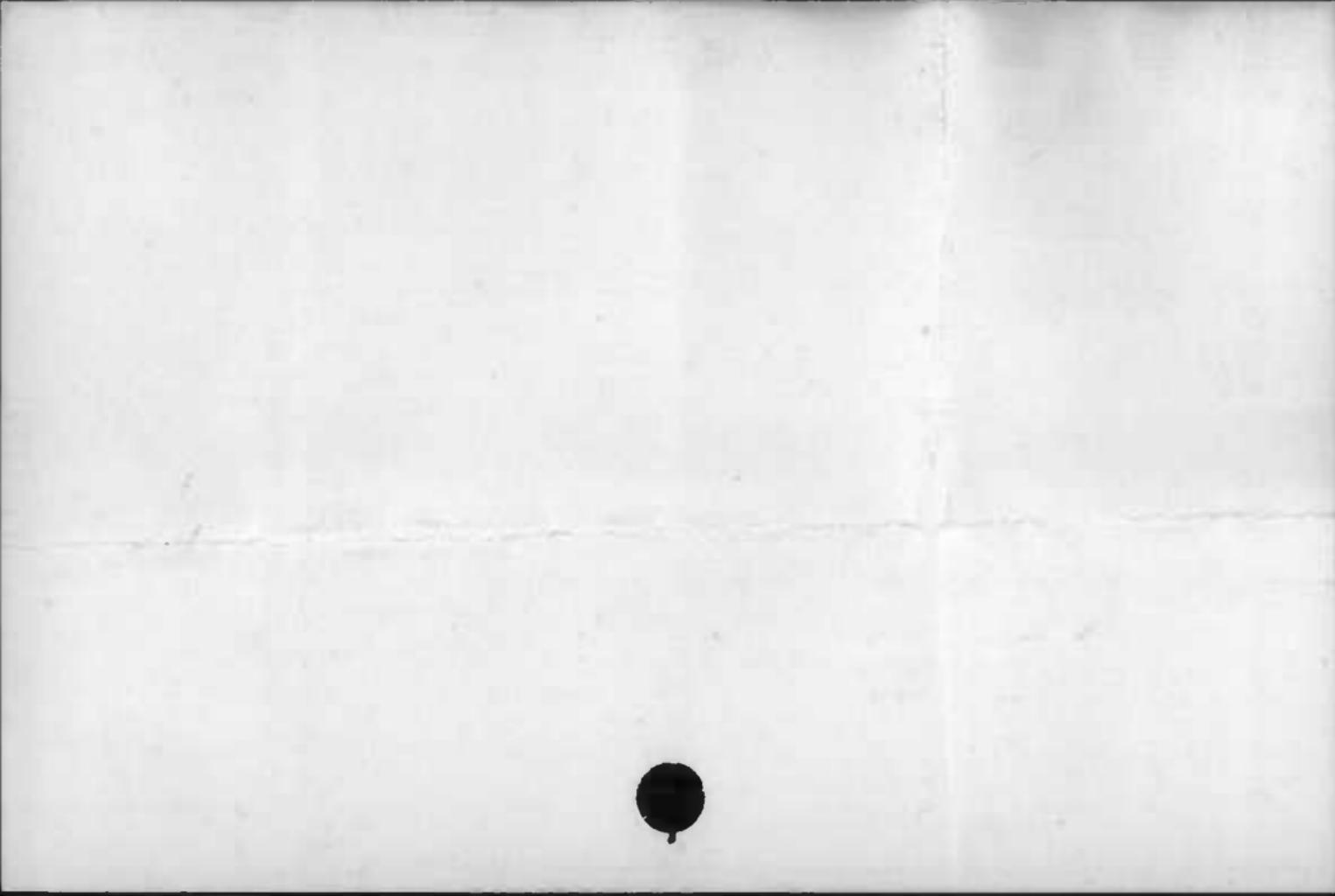
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1910	Mar	19	83	—	6
Sex	Female	Color or Race	white	Penn.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	William Wong	Unknown	
Father's Name	Doris Ties				
Mother's Maiden Name	Fannan Doan				
Name of person giving information	✓				

CAUSES OF DEATH

(18)

PHYSICIAN
OR CORONER

Primary	Asthma		How long
Immediate	Erysipelas of Leg		6 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		Address	O. J. Comino M.D.
Accident or Suicide?		Cherry Stree M.D.	



Name
in
Full

Daniel Moon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Eenkton		Cecil					
Date of death	1910	Month 3	Day 20	Years 63	Month	Days	
Sex	Male	Color or Race	Col	Birthplace	Maryland		
Occupation	Labourer	Where Residing if not at place of death					
Married, Single or Widowed	Widower	Name of Wife or Husband	Mary Moon				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving Information	Walter Moon					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy

79

V

How long

5 years

Immediate

Fraash Disease

How long

10 Minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Fraash Fraash Moon
Eenkton Md

Accident or Suicide



Edward Moose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Cherry Hill	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1910	March	30	69			
Sex	Male	Color or Race	white	Birth-place	England	
Occupation	Cosmetologist		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Horizon			
Father's Name	not known		Father's Birthplace	Unknown		
Mother's Maiden Name	not known		Mother's Birthplace	Unknown		
Name of person giving Information	Wm. Van Sant		How related to deceased	Moose		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Aepoplexy

64

✓

24 hours

Immediate

Exhaustion

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. T. Morrison

Address

Elkton Md

Accident or Suicide?

128

Name
in
Full

David Franklin Nesbitt

CERTIFICATE OF DEATH

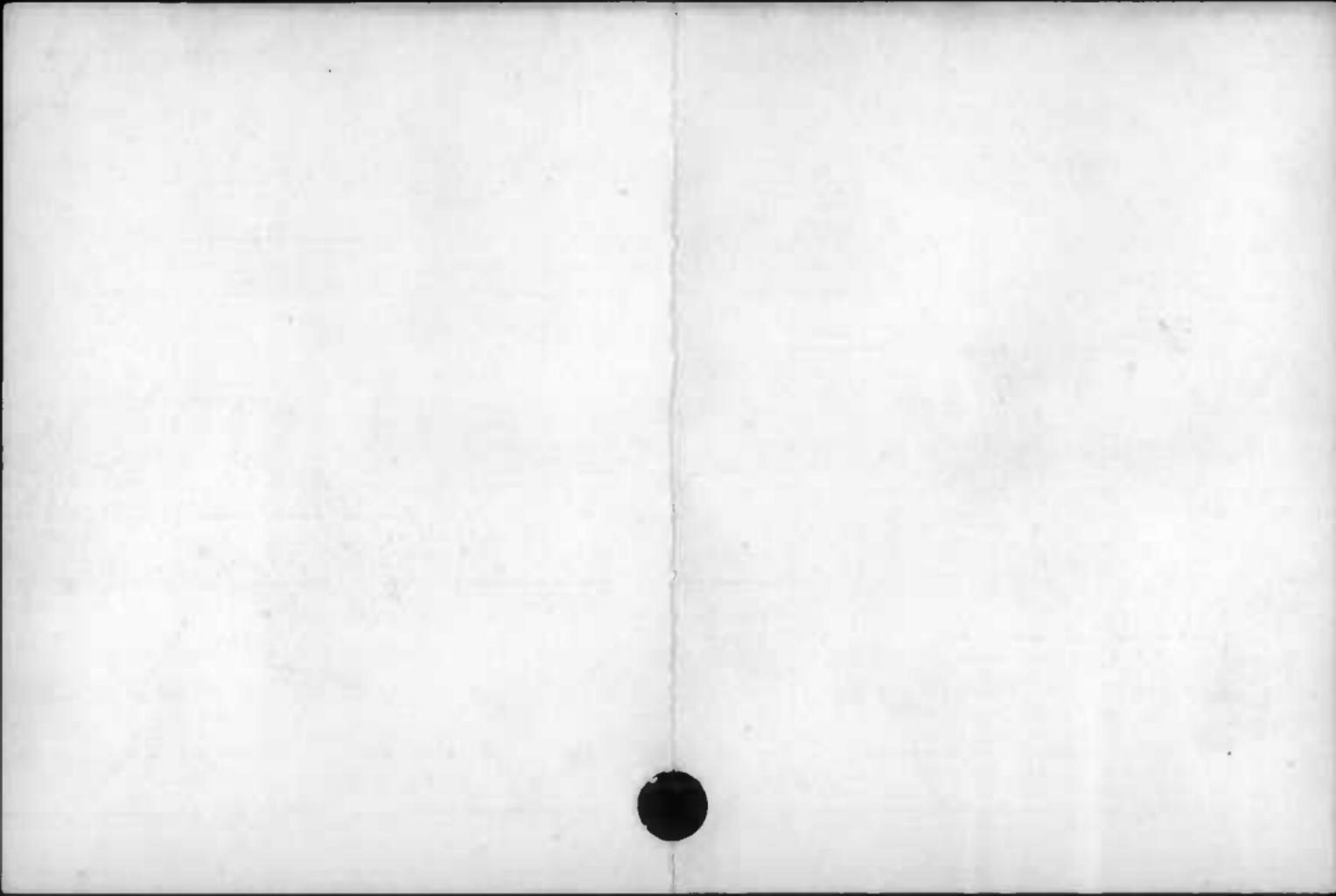
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bruceppio</u>		Town <u>Cacil</u>		County <u>MARYLAND</u>	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>22</u>	Age <u>82</u>	Years	Months
Sex <u>Male.</u>	Color or Race <u>white</u>	Birth-place <u>Cecil Co</u>			
Occupation <u>Farmer</u>	Where Boarding if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <u>Unknown</u>				
Father's Name	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>5 or 6 yrs</u>
Immediate <u>Inflammation</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J G Brown</u>
	Address <u>Port Deposit</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

John W. Phillips.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at North East. Town Becil County
Date of death 1960 Month March Day 12 Age 50 Years Months 4 Days
Sex male Color or Race white Birth-place North East
Occupation laborer Where Residing if not at place of death North East
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Thomas M Phillips Father's Birthplace North East
Mother's Maiden Name Nancy Dennison Mother's Birthplace North East
Name of person giving Information Mary Phillips How related to deceased sister

CAUSES OF DEATH

45

How long

Primary

Cancer Sarcoma Pophleal space 1 year

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B. M. M. Phillips
A. E. E.

Accident or Suicide

Beetle

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at			Town	County			MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days			
Male				76	7	8			
Sex		Color or Race			Birth- place				
Occupation			Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband								
Father's Name			Father's Birthplace						
Mother's Maiden Name			Mother's Birthplace						
Name of person giving Information			How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paranoid

93

1

Immediate

Paroxysm Heart

11 day

Are the name, age, sex, color, date
and place correctly given above?

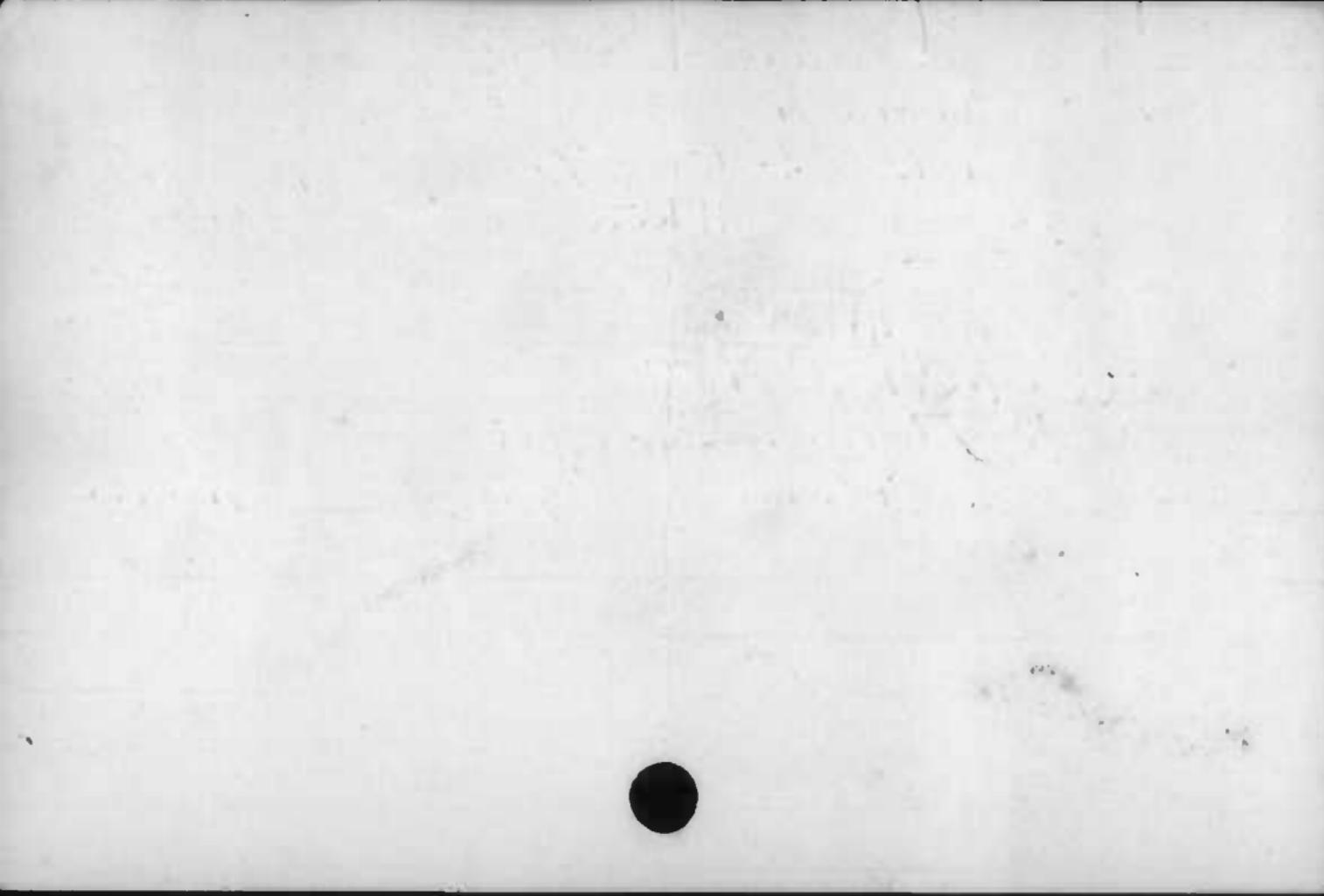
yes

Signature of
Physician

Address

*S. M. Ragan
Coronary 328*

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

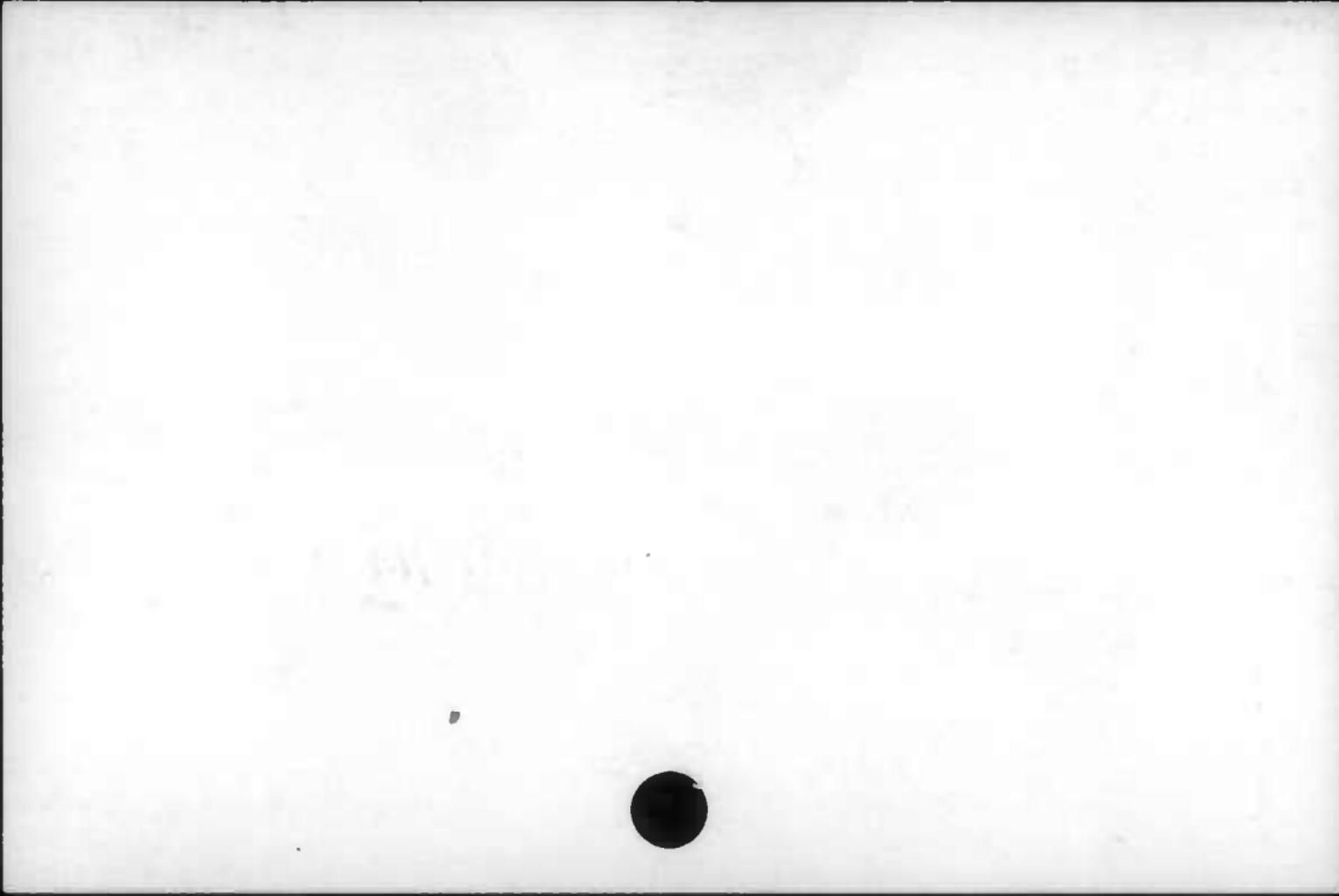
PHYSICIAN
OR CORONER

H

CERTIFICATE OF DEATH

MARYLAND

Name in Full		John C Sawyer		County			
Died at	Principio	Town	Cecil	County			
Date of death	1940	Month	3	Day	25	Years	Months
Sex	Male	Color or Race	White	Age	Unknown		Days
Occupation	Painter	Where Residing if not at place of death			Unknown	Birth- place	Unknown
Married, Single or Widowed	Unknown	Name of Wife or Husband	Unknown			Father's Birthplace	Unknown
Father's Name	Unknown			Mother's Birthplace			Unknown
Mother's Maiden Name	Unknown			How related to deceased			Unknown
Name of person giving Information	J F Frayer			No			175 ✓
CAUSES OF DEATH							
Primary	Hit by train running 60 mph about stole fracture	How long	166	How long	175	How long	
Immediate	Killed by Cars	Signature of Physician	J Frayer	Address	Frayer	Conover	Easton Md
Are the name, age, sex, color, date and place correctly given above?							
Accident							



Name
in
Full

Charles Schmidt Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town near Elk Mills County Cecil
Died at Month Day Years Months Days
Date of death 1930 March 30 Age 48
Sex Male Color or Race white Birth-place 6 Delaware
Occupation none Where Residing if not
at place of death —
Married, Single or Widowed Single Name of Wife or
Husband —
Father's Name Charles Schmidt Sr Father's Birthplace Germany
Mother's Maiden Name Louisa Seibertsen Mother's Birthplace Germany
Name of person giving Information Helen Muenberg How related
to deceased Sister

CAUSES OF DEATH

Primary

La Grippe
Pneumonia

⑩

How long

10 days

Immediate

Yes

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

O. J. Corrines M.D.
Cherry Hill,
M.D.

Accident or Suicide

oLte

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Paul - Scott -

CERTIFICATE OF DEATH

Died at Fair Hill Town Cecil County MARYLAND

Date of death 190 Month March Day 6 Age — Months — Days 4

Sex Male Color or Race white

Occupation —

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry H. Scott -

Father's
Birthplace

Mother's
Maiden Name

Rebecca Holland

Mother's
Birthplace

Name of person giving
Information

Hannah Smith

How related
to deceased

CAUSES OF DEATH

Primary

Congestion of Liver
Heart Disease -

79

✓

How long

4 days -

Immediate

yes -

Signature of
Physician

Address

Are the name, age, sex, color, date
and place correctly given above?

H. B. Lovest -
Tumbleston -
Pa -

Accident or Suicide

266



Name
in
Full

Seena Aunade Seena

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Siugersly

Town

County

MARYLAND

Date
of death 190

Month

Day

Years

Monthe

Days

Jack

21

68

10

Age

Sex

Female

Color or
Race

colored

Birth-
place

Maryland

Occupation

Housewife

Where Reaing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

David Seena

Father's
Name

Benj. Davis

Father's
Birthplace

Delaware

Mother's
Maiden Name

Julia Ann Johnson

Mother's
Birthplace

Maryland

Name of person giving
Information

Madeleine Adams

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Gastric Ulcer
Hemorrhage

102

4

6 mos

Immediate

How long

1/2 hr

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

C. P. Carries M.D.,
Cherry Hill,
Md.

Accident or Suicide

269

Name
in
Full

Unnammed Snyder

CERTIFICATE OF DEATH

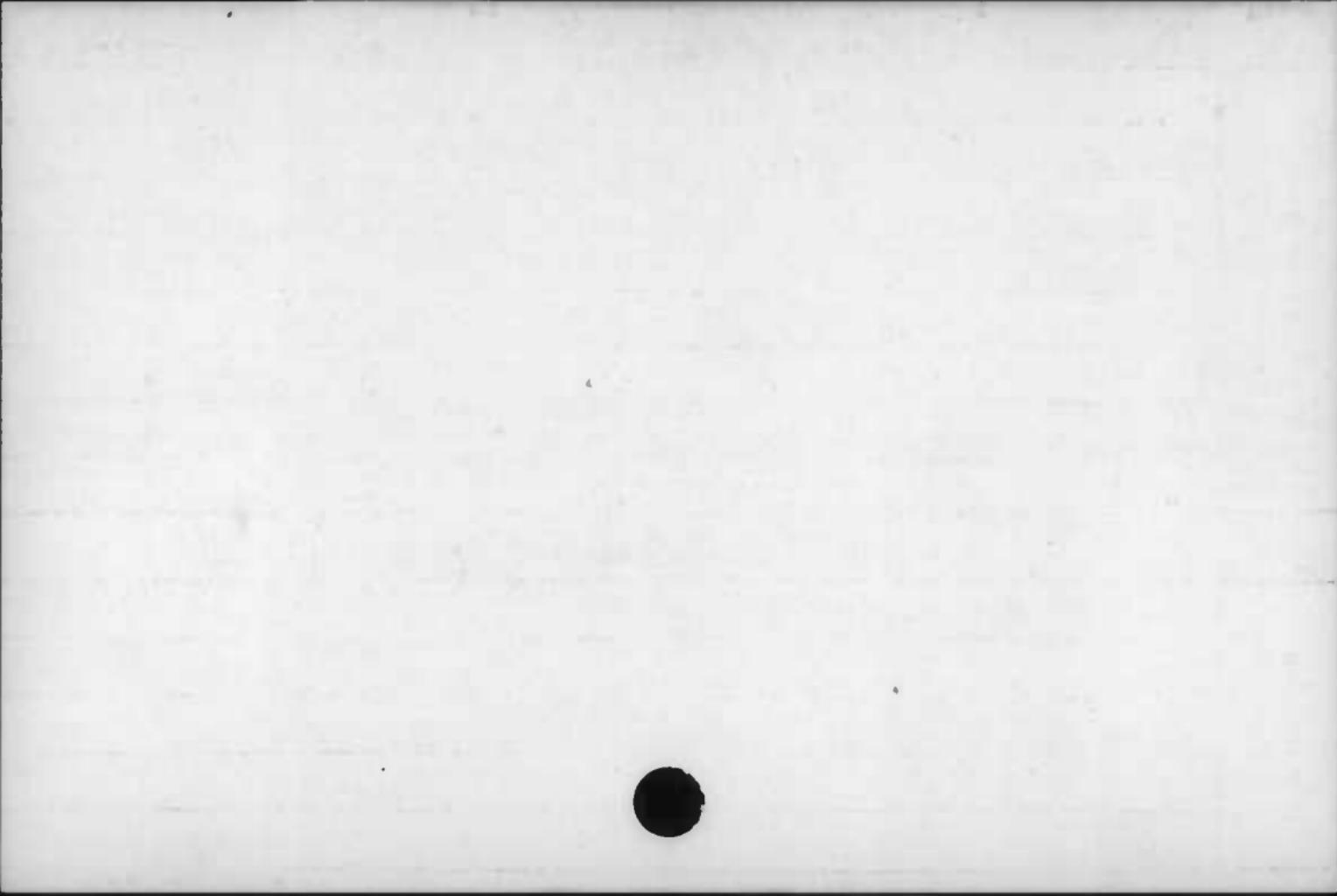
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Stillborn	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	-			
Father's Name	Abr. W. Snyder				
Mother's Maiden Name	Lizzie Snyder				
Name of person giving Information	JB. Slicer				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Stillborn		
Immediate	-		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	JB. Slicer MD
		Address	Rising Sun MD
Accident or Suicide?	Hansen Matched MD Sec.		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alford L Stevenson

CERTIFICATE OF DEATH

Died at

Town

Princetown

County

County of Cecil

MARYLAND

Date
of death

Month

1900

Month

3

Day

1

Years

49

Age

Month

-

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Harford Co

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Stevenson

Father's
Birthplace

Harford Co

Father's
Name

Augustus Stevenson

Mother's
Maiden Name

Rosa Bond

Mother's
Birthplace

Name of person giving
Information

Mary Stevenson

How related
to deceased

wife

CAUSES OF DEATH

Primary

Tuberculosis Pneumonia -
Appendicitis

29

✓

1 year

Immediate

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Mr. W. Stevenson
Princetown
Md.

Accident or Suicide



Name
in
Full

Samuel A. Sturgeon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at **North East** County **Cecil**

Date of death **1910** Month **March** Day **16** Age **56** Years
Months **4** Days **0**

Sex **Male** Color or Race **White**

Occupation **Merchant**

Where Residing if not
at place of death

Birth-place **North East**

North East

Married, Single or Widowed **Married** Name of Wife or Husband **Elizabeth A. Sturgeon**

Father's Name **Thos Sturgeon**

Father's Birthplace **Not known**

Mother's Maiden Name **Martha A. Redgrave**

Mother's Birthplace **Baltimore**

Name of person giving Information **Sam'l A. Sturgeon Jr.**

How related to deceased **Son**

CAUSES OF DEATH

Primary

Immediate

Pneumonia **8 days**
Yes **Signature of Physician**
Address **Thos. Kornall**
North East
Md.

PHYSICIAN
OR CORONER

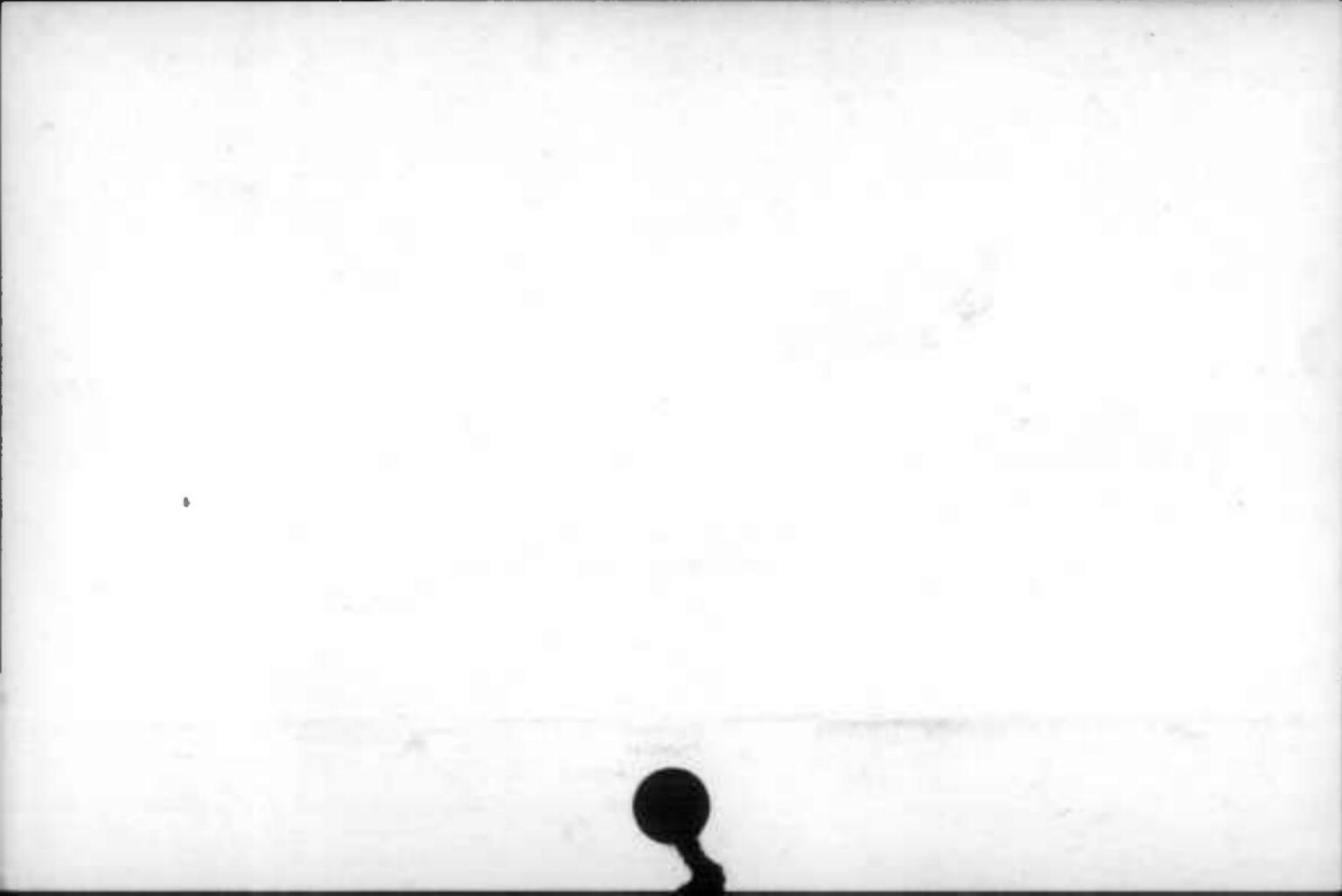
Are the name, age, sex, color, date
and place correctly given above?

Accident or Suicide

93

How long

How long



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Henderson Vanpelt
Town Cherry Hill County Cecil

CERTIFICATE OF DEATH

MARYLAND

Died at Cherry Hill Month March Day 20 Years 76 Month - Days 13
Date of death 1910 Sex Male Color or Race white Birthplace Pennsylvania
Occupation Pump Worker

Where Residing if not
at place of death

Married, Single
or Widowed married

Name of Wife or
Husband

Wilhelmina Vanpelt

Father's Name Thomas Vanpelt

Father's Birthplace Pennsylvania

Mother's Maiden Name Alice Campbell

Mother's Birthplace Pennsylvania

Name of person giving
Information Wilhelmina Vanpelt

How related
to deceased

Primary

Bright Wilson

CAUSES OF DEATH

Immediate

120

How long

one year

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

B. Daugler
n. 24
mr

Accident or Suicide

198

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thos M. Worilow

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

North East

County

Cecil

Date
of death

Month

Day

1900

3

7

Years

Age

55

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Pennsylvania

Occupation

Plasterer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Sarah A Worilow

Father's
Name

Nicholas Worilow

Father's
Birthplace

Penna

Mother's
Maiden Name

Sarah Slaughter

Mother's
Birthplace

Penna

Name of person giving
Information

Sarah A. Worilow

How related
to deceased

wife

CAUSES OF DEATH

Primary

79

How long

Immediate

Heart disease

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yrs

Signature of
Physician

Address

██████████

Frances Maye Connor
Elkton
Md

Accident or Suicide

Wesley Chapman

Name
in
Full

Jesse J. Wright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Warwick</u>		County <u>Cecil</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>March</u>	Day <u>26</u>	Years, <u>72</u>	Months <u>10</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Pennsylvania</u>			
Occupation <u>Physician</u>		Where Residing if not at place of death <u>warwick</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>wife dead -</u>				
Father's Name <u>John Wright</u>					Father's Birthplace <u>Pennsylvania</u>
Mother's Maiden Name <u>Elizabeth Kirk</u>					Mother's Birthplace
Name of person giving Information <u>Galen Wright</u>					How related to deceased <u>Son</u>

CAUSES OF DEATH

93

Primary Pneumonia - How long 10 hours
Immediate Heart - failure How long 5 hours.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dorey W. Lewis

Middleton -

Delaware

Accident or Suicide? neither.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John G Feigler
Town
Post Deposit Cecil

County

MARYLAND

Died at

Month

Day

Years

Months

Days

Date

of death 190

3

Age

5-7

-

-

Sex
Occupation

Male

Color or
Race

White

Birth-
place

Germany

Married, Single
or Widowed

Married

Name of Wife or
Husband

Louise Feigler

Father's
Birthplace

Father's
Name

unknown

Mother's
Birthplace

Mother's
Maiden Name

unknown

Name of person giving
Information

Louise Feigler

How related
to deceased

wife

CAUSES OF DEATH

Primary

Tuber Pulmonis

26 days

Immediate

Exhaustion

2 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H E Clunow
Post Superior
Post

Accident or Suicide

